No.		-
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Date:\_\_

## STO. TOMAS SCHOLARSHIP PROGRAM Application Form

SY 2020-2021

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- 1. PRINT all entries. Put a  $\sqrt{\ }$  on the appropriate blanks.
- 2. Be HONEST and ACCURATE with your answers.

1 x 1 PHOTO	

Full Scholarship (1st Year Collego		Educational Assistance (Senior High School)		
New Applicant	_Former Applicant (No. of times applied for Scholarship	Former Recipient / Scholar		
Full Scholarship	Graduate of any public secondary high school or <b>incomin</b> enrolling in the following partner schools: FAITH Colleges, Memorial College			
Educational Assistance (College)	Graduate of any school who are entering or continuing the universities	ir college education in any colleges or		
Educational Assistance (Senior High School)	Graduate of any school and incoming Grade 11 who are e	nrolled or enrolling in public or private school		

- 1. Please provide <u>2 (two) sets of all the documents</u>. All photocopied documents should be faithful reproduction of the original. **Bring the original copies of documents for validation purposes.** Ask for the "Receiving Copy" upon submission.
- 2. Fill in ALL the data required in the Application Form and **submit ALL the documents** during the Application. Scholarship application form must be answered completely. Those with incomplete requirements shall NOT be accepted, or IF inadvertently accepted, it shall NOT be processed.
- 3. Submit your Scholarship Application at **Youth Development Office** during the application period ONLY. Check the Scholarship Page FB Account **@Sto.TomasScholarship** regularly for announcement regarding dates and activities.
- 4. Please do NOT wait for the last day of the application period to submit all the needed requirements for application.

CHECKLIST OF REQUIREMENTS TO BE SUBMITTED	
Application FormEntrance Examination Result (For 1st year only)Birth Certificate (should be PSA)Certificate of Good Moral CharacterGrade Reports/ Report of Ratings1x1 ID PictureVicinity Map/House Sketch	Barangay Clearance of ApplicantParents Voter's ID/ Voter's CertificationVoter's ID or Voter's Certification of the applicant

## PERSONAL INFORMATION

Full Name:					
	(Last Name)	(First Name)	(Middle Name) Years of Residency in Sto. Tomas:		
Complete Present Addre	ess:				
•	Place of Birth:		Birth Order:Age:_		
Gender:	Civil Status:	Citizenship:	Religion:		
Facebook Account/Emai	l Address:	·	Contact No.:		
Last School Attended:		A	ddress:		
Grade/Year Level:		_ General Weighted Average (GW			
School Intented to Enroll	:		Entrance Exam Rating:		
Course Intended to Take:					
Are you living with your o	own family? Yes No	Total Number of Family Member	rs: Source of Living:		
			: Others (pls specify):		
If renting or paving-to-ow	n, how much are you paying	monthly?: ₱			

Graduating this semester/te semesters more to go befor					Yes	No If no, how many
	) : : g: :: au au c	•	ATIONAL BACK			
NAME OF SCHOOLS ATTENDED	SCHOOL TYP (Indicate if Publ or Private)	E	HOOL ADDRESS	Grade / Year Level	HONO	RS / AWARDS RECEIVED (if any)
College						
Senior High School						
Junior High School						
Elementary						
		FA	MILY BACKGR	OUND		
		FATHE		MOTHER		HUSBAND / WIFE
	(	) Living ( ) D		() Living () Decease	ed	(If Married)
Name						
Address						
Contact No.						
Occupation Place of Work						
Highest Educational Attainmer	nt					
Average Monthly Income	-					
If unemployed, what is the IF LIVING WITH GUARDIAN: Name of Guardian: Guardian's Present Address			Relatio	nship:	Conta	act No.:
Number of siblings in the far	mily (including s	annlicant).	Please fill out i	nformation below abo	ut vour sibl	ings:
Number of Sibilings in the lat	ininy (including a		Highest			
NAME	AGE	CIVIL STATUS (M or S)	Educational Attainment (as of date)	Assistance, Bursal or Grant enjoyed	m.	orking, indicate where they rk & their average monthly income
Note: Please provide extra she	eet of paper if ned	cessary.				
•	t ALL the answe ITHFUL REPR	ers given abo ODUCTION (	of the original copies		e that AN	Y ACT OF
I also understand t abide by the decision of the					for the sch	olarship grant and that I will
Thank you.						
Signature Over Printed Na	me of Applican	<u> </u>	Dat	e:		
Attested by:						
Signature Over Printed Na	me of Parent/L	egal Guardia	 n Dat	e:		