

Date: \_\_\_\_\_

## Scholarship Application Form



Please fill up this form as accurately as you can and send a pdf file to [bert.gomez99@gmail.com](mailto:bert.gomez99@gmail.com) by May 30<sup>th</sup> of current year and then mail the original to:

Bert Gomez at 13445 Balsam Street, Maple Ridge, BC V4R 0C8

**GWA =**

SUBJECT

Grade

**Scholar's Name:**

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Other Educational Information:

Elementary: \_\_\_\_\_

High School: \_\_\_\_\_

Father: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_

Occupation: \_\_\_\_\_

Notes (for FEU-NRMF MT International Alumni Society only):

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On this page, write in no more than 200 words about: your early life, your aspirations and your basic belief on the world around you. At the end, state the reasons why you deserve to be a **Scholar** of the ***FEU-NRMF Medical Technology International Alumni Society***.