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**SAINT JOHN BOSCO COLLEGE OF NORTHERN LUZON, INC.**

National Highway Lingsat, San Fernando City, La Union

**EMPLOYEES DEPENDENT SCHOLARSHIP PROGRAM**

Scholarship Recipient Profile

Semester and Academic Year of Entry : Sports:

Course :

I. PERSONAL INFORMATION

Name of Recipient:

Student No :

Address :

Contact Number : E-mail Address: FB Account:

Birth Date : Birth Place :

Gender : Religion :

EDUCATION BACKGROUND

|  |  |  |  |
| --- | --- | --- | --- |
| LEVEL | NAME OF SCHOOL | YEAR GRADUATE | HONORS RECEIVED |
| Pre- school |  |  |  |
| Elementary |  |  |  |
| High School |  |  |  |
| College |  |  |  |

II. FAMILY BACKGROUND

Father : Mother :

Address : Address :

Occupation: Occupation:

Highest Educational Attainment: Highest Educational Attainment:

Siblings 16 years and below

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Course/Year level | School Enrolled |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Siblings 17 years and above

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Occupation | Company |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please write in the box below the reason/s why you should be given a scholarship.

|  |
| --- |
|  |

NOTE: Any false statements made here will be a ground for revocation of whatever scholarship is given by virtue of this application.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

*Revised 06/2019*