****

**“GEOGRAPHICALLY ISOLATED AND DISADVANTAGED AREAS (GIDAs)**

**SCHOLARSHIP PROGRAM”**

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

**SCHOLAR’S PROFILE**

Semester and Academic Year of Entry : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course :

**PERSONAL INFORMATION**

Name of Recipient :

Student No. : Contact Number :

Address :

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 |  |  |  |

**FAMILY BACKGROUND**

Father : Mother :

Address : Address :

Occupation: Occupation:

Highest Educational Attainment: Highest Educational Attainment:

Siblings:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Course/Year Level** | **School Enrolled** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature over Printed Name

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

Date

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

Parent/Guardian Signature over Printed Name

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

Date