



**PRESIDENTIAL SCHOLARSHIP PROGRAM APPLICATION FORM**

**PERSONAL DATA** (Attach Birth Certificate)

Name of Applicant: \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(House No.) (Street) (City Town) (Province)

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

Facebook Account: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

Attach copy of  
 recently taken  
 Black and White  
 2x2 picture

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_  
(Family Name) (First Name) (Middle Name)

Current status of Parents:  Living together  Solo Parent  Separated

No. of Brothers & Sisters: \_\_\_\_\_ Birth Rank: \_\_\_\_\_

Name of Brother/Sister	Age	Educational Level	School

**ACADEMIC DATA** (Attach Form 138/HS Card and other academic records demonstrating academic achievement)

Educational Level	School Year Graduated	Name of School and Address	Honor/Awards Received
Elementary			
Junior High School			
Senior High School			
Tertiary level: Program/ Course to enroll (check the appropriate box of the program/ course of your choice): <input type="checkbox"/> Bachelor of Science in Nursing <input type="checkbox"/> Bachelor of Science in Accountancy <input type="checkbox"/> Bachelor of Science in Computer Engineering <input type="checkbox"/> Bachelor of Science in Aircraft Maintenance Technology <input type="checkbox"/> Bachelor of Science in Nutrition and Dietetics			

Character References: (Attached Certificate of Good Moral Character from character reference)

Relation	Name	Date Requested to be Reference Person
Barrio Captain/Municipal Mayor		
Parish Priest/Church Minister		
Guidance Counselor		

*I hereby attest that the information above are true and correct to the best of my knowledge, including the attached documents / requirements which I also attest as to their veracity. I agree that any false statement would cause the automatic disqualification/ cancellation of this application.*

\_\_\_\_\_  
 Printed name and signature of applicant



**RECOMMENDATIONS**

<p>Based on the result of the preliminary screening, the applicant is hereby recommended to take the Aptitude and Behavioral examinations.</p> <p style="text-align: center;"><b><u>EDEZA M. TABIGUE</u></b> Scholarship and Employment Facilitation Officer</p> <p>Date: _____</p>	<p>Based on the result of the aptitude and Behavioral examinations, the applicant is hereby recommended to proceed for Medical examination.</p> <p style="text-align: center;">_____ Guidance Counselor</p> <p>Date of Test: _____ Date Result Released: _____</p>	<p>Based on the result of the Medical examinations, the applicant is hereby recommended for background check.</p> <p style="text-align: center;"><b><u>DR. GOLDA T. OLAIVAR</u></b> School Physician</p> <p>Date: _____</p>
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Recommending Approval:

**ENGR. LEMUEL O. BELARMINO, PH.D.**  
Dean, Student/Personnel Services

Approved:

**DR. VICTORIANO B. TIROL, III**  
University President