



COLLEGE SCHOLARSHIP PROGRAM

APPLICATION FORM

A. PERSONAL BACKGROUND

Name: _____
LAST NAME FIRST NAME MIDDLE NAME

City Address: _____

Telephone No/s. _____ Email _____

Cellphone No. (list at least 2 numbers) _____ / _____

Date of Birth: _____ Age: _____ Status: _____ Sex: _____

Place of Birth: _____ Nationality: _____

Height: _____ Weight: _____ Religion: _____

B. ACADEMIC BACKGROUND

Name of Public High School graduating from: _____ Section # _____

Complete address of school: _____

Name of Principal _____ Tel No/s. _____

Membership in Organizations in and outside of school (current year)

Organization	Position Held	Organization	Position Held
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

C. COLLEGE PLAN: (Kindly refer to the attached Guidelines for the list of schools and courses)

School you plan to enroll in: 1st choice _____

2nd choice _____

Course you plan to take: 1st choice _____

(Refer to guidelines for list of courses) 2nd choice _____

(FOR SM Foundation use only)

<u>Comments</u>					

D. FAMILY BACKGROUND

Name	Occupation	Name of Company	Telephone/ Cellphone #	Birthdate (mm/dd/yyyy)
<u>Father</u>				
<u>Mother</u>				
<u>Guardian</u>				

Names of Brothers and Sisters	Age	School	Gr/ Yr	Employed (yes/no)	Married (yes/no)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

AGGREGATE INCOME OF FAMILY MEMBERS IN THE SAME HOUSEHOLD FOR ONE YEAR:

_____ (P _____)
 (AMOUNT IN WORDS)

Note: Attach a certified list of individual incomes and their sources.

 Signature over Printed Name of the Head of the Family

IMPORTANT: Please attach the following:

1. Photocopy of F-138 or 4th year High School Report Card with the Second or Third Grading Period's average.
2. Photocopy of latest Income Tax Return of your parents and family members in the same household as presented above;
3. Certificate of Non-filing of Income from the BIR if exempt from filing Income Tax Return.

I certify that the above information is true and correct and that any willful misinformation and/or withholding of information will automatically disqualify me from receiving any financial assistance from the SM Foundation, Inc.

 Signature of Applicant

 Date Today

 Printed Name of Applicant