



COLLEGE SCHOLARSHIP PROGRAM

APPLICATION FORM

I. PERSONAL INFORMATION

Surname: _____ First Name: _____ Middle Name: _____

Nickname: _____ Age: _____ Gender: _____ Religion: _____

Present Address: _____

Date of birth: _____ Place of birth: _____

Educational Attainment: _____ Honors Received: _____

Course: (1) _____ (2) _____ (3) _____

Field of Interest: _____ Skills: _____

Hobbies: _____

Contact #: _____ Email address (required): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship to the applicant: _____

Address: _____

Contact number: _____

Referred by: _____

Contact number: _____

II. FAMILY MEMBERS LIVING WITH THE APPLICANT

Name	Relationship to the Applicant	Age	Civil Status	Educational Attainment	Occupation	Estimated Monthly Income

III. EDUCATIONAL BACKGROUND:

Academic Level	Name and City Address of School	Inclusive Dates		Academic Honors Received
		From	To	
PRIMARY				
SECONDARY				

In 2-3 years what are your goals in life? _____

How are you going to achieve it? _____

Why should we consider you in this program? (Verbatim) _____

I, _____, of legal age, has consented to Andres P. Tamayo Sr. Foundation Inc. (APTSFI) to collect my personal information obtained such as my name, home and/or office address, contact number/s, email address, and other family records for the sole purpose of APTSFI to supplement data needed for the scholarship application process.

In this regard, APTSFI is without authority to share said personal data/information to any third parties without further consent by the applicant. APTSFI is obliged to protect and safeguard the applicant's personal data/information at all times except as it may be required by the scholarship program, a lawful order of a court of law or as that may be provided by Republic Act No. 10173.

Issued this, ___ day of _____, 20__ in the city of _____, Philippines.

 APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE: _____