

Homer Foundation, Inc.

EDUCATIONAL ASSISTANCE PROGRAM Scholarship Application Form

Passport Size
Photo

Exam date: _____ Time: _____

Type or print clearly. Complete the application form correctly. Place N.A. if Not Applicable.

School Year - Date of Application

Type of Scholarship (Please indicate Fleet Name of crew relative)

Scholarship Level Applied For (Please put an X in the appropriate box)

Elementary High School College

PERSONAL DATA

Name
Last Name First Name Middle Name

Nickname Birth date Birth place

Age Gender Male Female Citizenship Religion

Address
Number Street Barangay/District/Village City/Municipality Province

Tel. No. Mobile E-mail

Name of Crew
Last Name First Name Middle Name

Years of Service with MMC Applicant's Relationship to Crew

Present Rank Vessel and Principal assigned for the last 5 years

EDUCATIONAL BACKGROUND

| Level | Name of School | Location | Year Graduated |
|------------|----------------|----------|----------------|
| Secondary | | | |
| Elementary | | | |
| Others | | | |

| Indicate academic honors / awards previously received (use separate sheet if necessary) | Date Received |
|---|---------------|
| | |
| | |
| | |
| | |

EXTRA-CURRICULAR INVOLVEMENT (use separate sheet if necessary)

List the organizations which you now hold membership in or which you were active in the past

| Name of Organization | From-To | Position Held |
|----------------------|---------|---------------|
| | | |
| | | |
| | | |

COLLEGE EDUCATION PREFERENCE

| | 1st Choice | | 2nd Choice | |
|--------|------------|--|------------|--|
| School | | | | |
| | Location | | Location | |
| Course | | | | |

FAMILY INFORMATION (use separate sheet if necessary)

| Names of Family Members | Relationship | Age | Civil Status | Occupation |
|-------------------------|--------------|-----|--------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Gross Family Income:

In case of emergency, contact: Relationship

Tel. No. Mobile E-mail

APPLICANT'S CERTIFICATION

I hereby certify that the information I have given above are true and correct. I understand that any misinformation furnished by me will be sufficient for the denial of my application ; or if granted would be sufficient ground for the forfeiture of my scholarship awarded by Magsaysay / Homer Foundation.

NAME

DATE

Do not write below this line. To be filled out by Homer Staff only.

CREW EMPLOYMENT STATUS

OB Vessel

OS Sign off date Remarks

Others

Recommended and approved by: _____ Date _____
SIGNATURE OVER PRINTED NAME OF FLEET HEAD / PRINCIPAL REP.

REQUIREMENTS SUBMITTED

Grade Report SY ____ - ____ Lowest Grade: _____ General Average: _____

Certification of Good Moral Character

Crew Personal Data Record and Service Performance

Diploma Medical Certificate Birth Certificate

Remarks : _____

APPLICATION STATUS

Approved Conditional _____ Disapproved

PROCESSED BY: _____ DATE _____