



**SCHOLARSHIP APPLICATION FORM**  
Sailors' Society Educational Assistance Program

Instructions: Fill all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

PERSONAL INFORMATION						
Name						
	<i>(Last Name)</i>		<i>(First Name)</i>		<i>(Middle Name)</i>	
Nickname			Complete Home/Mailing Address			
Date of Birth				<i>Unit #</i>	<i>House/Building/Street #</i>	<i>Street Name</i>
Religion						
Mobile/Telephone No.				<i>Barangay/District Name</i>	<i>City/Municipality or Town/Province</i>	<i>Area Zip Code</i>
			Email Address			
FAMILY BACKGROUND						
	FATHER			MOTHER		
Name				Name		
Date of Birth				Date of Birth		
Occupation				Occupation		
Monthly Income				Monthly Income		
Education Attainment				Education Attainment		
Mobile Number				Mobile Number		
Other Family Members' Full Name		Age	Relationship	Educational Attainment	Occupation	
ACADEMIC BACKGROUND						
Level	Name of School			Location	Period Covered	
Primary (Elementary)						
Secondary (Jr. Sr. High School)						
Tertiary (College)						
Academic awards, honors achieved (use separate sheet if necessary)					Year Received	
EXTRA-CURRICULAR INVOLVEMENT						
List all organizations that you have been a member/actively participating (use separate sheet if necessary)						
Name of Organization			Period Covered	Position Held		
EMPLOYMENT RECORD						
Start with the most recent/present (use separate sheet if necessary)						
Name of Company		Period Covered		Position Held	Gross Income	

I hereby certify that the above information are true, complete and correct to the best of my knowledge and belief. I understand that any misinformation furnished by me in this Scholar Information Sheet, shall result in the denial of my application ; or if granted would be sufficient ground for the forfeiture of my scholarship awarded by Magsaysay / Homer Foundation, Inc.

Applicant's Signature over Printed Name

Date Signed