

Homer Foundation, Inc.

EDUCATIONAL ASSISTANCE PROGRAM

SCHOLARSHIP RENEWAL FORM

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

Renewing for:	Relative Crew's Fleet _____
Academic/School Year _____	Crew's Full Name _____
Qtr/Semester/Term _____	Relationship _____
	Designation _____

PERSONAL INFORMATION

Name	_____	_____	_____
	(Last Name)	(First Name)	(Middle Name)
Nickname	_____	Mobile/Telephone No.	_____
Date of Birth	_____	Email Address	_____

In case of Emergency, contact:	_____	Relationship	_____
Mobile/Telephone No.	_____	Email Address	_____

ACCOUNT INFORMATION

Bank Name	_____	Account Name	_____
Branch	_____	Account Number	_____

ACADEMIC RECORD

Name of School	_____
Address/Location	_____

<i>Please check:</i>	Current Level	Academic Standing (previous qtr/semester/term)
<input type="checkbox"/>	Elementary which grade: _____	_____ Highest Grade subject: _____
<input type="checkbox"/>	High School what year: _____	
<input type="checkbox"/>	College what year: _____	_____ Lowest Grade subject: _____
course: _____		_____ General Average/Rating

Recognitions/Awards received during the previous qtr/semester/term

EXTRA-CURRICULAR INVOLVEMENT

List new organizations you joined in the previous qtr/semester/term (use separate sheet if necessary)

Name of Organization	Position Held

SEMESTRAL REPORT (use separate sheet if necessary)

1. What is the most challenging aspect of the previous qtr/semester/term for you? What have you done to overcome that challenge?

2. What have you accomplished in school this semester/year? Cite an example/situation, and its lesson to you.

3. What have you learned about yourself through your accomplishments, and how did this scholarship helped you achieve it?

REMINDERS

- a. Include a photo of your most memorable experience during this year/semester/term. Send as a separate file (JPG). Without this, the form is considered incomplete.
- b. When sending the form, the file name must be "Scholarship Renewal Form - *your complete name and date accomplished*"
(e.g. Scholarship Renewal Form - Dela Cruz, Juan A. 01.31.17)

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

APPROVAL

Approved by:

EXECUTIVE DIRECTOR

FLEET DIRECTOR