Alvarez Foundation Philippines Scholarship Program
Recommendation Form

INSTRUCTIONS to the Applicant: Please fill out the entries on the first half of the form. Any one of the following (preferably the one who knows you best) a) HS teacher/adviser b) HS Principal and c) HS Guidance Counselor will fill out the next half of the form.

Please PRINT all entries.

To be filled out by the applicant

NAME OF APPLICANT		GENDER	
	LAST FIRST M.I.		

SCHOOLS APPLIED AND CHOICE OF PROGRAMS

SCHOOL 1: _DE LA SALL UNIVERSITY MANILA_____ _____

FIRST CHOICE:
SECOND CHOICE:
THIRD CHOICE:

To be filled out by the HS teacher/adviser, HS Guidance Counselor, or HS Principal

Dear Sir/Madam,

The student whose name appears above is applying for The Alvarez Foundation Philippines (AFP) College Scholarship Program.

May we request that you send your answers to us via email (scholarships@alvarezfoundation.org) with the following subject: AFPSP Application_University_Name of Applicant in the following format: Surname, First name, Middle Initial (i.e. AFPSP Application_DLSU_CruzMarkL). You may type the answers directly onto the body of the email or send a scanned copy of this form.

To help the Foundation evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible.

	YES	NO	I DON'T KNOW
Is the applicant a recipient of financial assistance/scholarship in high school?			
Do you have enough information about the applicant's family to say that they will not be able to afford to send him/her to college without a scholarship?			
Will the applicant's family be able to send him/her to college even without a scholarship?			

For which degree program choice of the applicant do you think he/she will be most suited?

DEGREE PROGRAMS

	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
SCHOOL 1	☐	☐	☐
SCHOOL 2	☐	☐	☐
SCHOOL 3	☐	☐	☐

Please write about the applicant's qualification for financial assistance AND academic ability. You may 1) type your answer in the body of the email, 2) upload a word document or 3) upload a scanned copy of this entire document.

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_____

NAME (PLEASE PRINT): _____

POSITION: _____ DATE: _____