



SCHOLARSHIP GRANT APPLICATION FORM FOR FATE PROGRAM

2x2 Picture (recent)

UNIVERSITY:
YEAR LEVEL/COURSE:

A. PERSONAL DATA

NAME (Printed)	Last Name	First Name	Middle Name	AGE	CIVIL STATUS	
					<input type="checkbox"/> Single <input type="checkbox"/> Others _____	
ADDRESS			No. of Street	Barangay	BIRTHDATE	BIRTH PLACE
Town/District			City		CITIZENSHIP	RELIGION
CONTACT NO. (Residence)	MOBILE NO/S.	E-MAIL ADDRESS		GENDER		HEIGHT _____ cm.
				<input type="checkbox"/> Male <input type="checkbox"/> Female		WEIGHT _____ kgs.

B. FAMILY BACKGROUND

PARENT/ GUARDIAN	NAME	AGE	OCCUPATION	COMPANY	MONTHLY INCOME
FATHER					
MOTHER					
GUARDIAN (If any)					
SIBLING/S (use another sheet if necessary)					
BROTHER/S					
SISTER/S					
PERSON TO NOTIFY IN CASE OF EMERGENCY			CONTACT NO. (Tel./Cp#)		RELATIONSHIP

C. EDUCATIONAL BACKGROUND

EDUCATIONAL LEVEL	NAME OF SCHOOL/ADDRESS	AWARDS/HONORS RECEIVED	DATES ATTENDED	
			From	To
College				
High School				
Elementary				
Pre-School				

D. MEMBERSHIP IN ORGANIZATION/ASSOCIATION

NAME OF ORGANIZATION/ASSOCIATION	NATURE OF ORG/ASSN	POSITION HELD	DATE JOINED	
			From	To

E. QUESTIONS ON THE NEED FOR SCHOLARSHIP GRANT

1. How did you learn about the Rebisco Foundation's FATE Program? What made you decide to apply for the scholarship grant?

2. Who serves as the breadwinner of your family? How sufficient is his/her earnings to cover the needs of your family?

3. Do you have friends, relatives and/or siblings who help with the family's needs and with your educational expenses? How often and in what extent do you receive support?

4. What is your (tentative) career plan after college? Why?

5. Are you confident that you will be able to meet the academic requirements to maintain the scholarship grant of RFI? Why?

6. Are you currently a recipient of any scholarship grant? Yes _____ No _____

If yes, please specify the granting institution _____

What are the benefits covered? _____

7. Do you have pending applications to any government and/or private scholarship grants? If yes, please state name of the grant or private company. _____

8. Explain why you deserve to be a Rebisco scholar.

F. MEDICAL HISTORY

Have you ever been hospitalized?

No

Yes. When & for what illness?

Do you have any serious ailment?

None

Yes. What ailment and when did it start?

G. REFERENCES

Give at least 3 persons who can vouch on your character and scholastic performance. Please do not include any family member or relative.

	NAME	RELATIONSHIP	ADDRESS	CONTACT NO.
1				
2				
3				

NOTE: Applicants are required to submit a photocopy of the following:

1. Latest true copy of grades
2. Certificate of Good Moral Character
3. Certificate of Recognition/Awards
4. NSO Certificate of Live Birth
5. ITR of both parents/guardians
6. Latest Medical Certificate

I certify that the above information is true and correct and that any willful misinformation and/or withholding of information will automatically disqualify me from receiving any educational assistance from the Rebisco Foundation Inc.

APPLICANT SIGNATURE OVER PRINTED NAME

DATE