**SUBIC BAY METROPOLITAN AUTHORITY**

2X2

PICTURE

*Scholarship Program*

**APPLICATION FORM**

**DATE APPLIED:**

|  |  |  |
| --- | --- | --- |
| *Last Name* | *First Name* | *Middle Name* |
| *Home Address* | *Contact Numbers* |
| *Date of Birth* | *Place of Birth* | *Age* | *Gender* |
| *School Last Attended* | *Year Level* | *Course* |
| *Father’s Name* | *Occupation* | *Contact Number* |
| *Mother’s Name* | *Occupation* | *Contact Number* |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Applicant’s Signature Date*

**C H E C K L I S T**

|  |  |  |
| --- | --- | --- |
| **REQUIREMENTS** | **DATE SUBMITTED** | **REMARKS** |
| 1 | Letter of Intent addressed to the Chairman of the SBMA Scholarship Foundation |  |  |
| 2 | Scholarship Application Form  |  |  |
| 3 | Certified True Copy of latest Diploma and Transcript of Records showing the General Weighted Average |  |  |
| 4 | Certified True Copy of Certificates of Awards, Citations or other relevant Accomplishments |  |  |
| 5 | Certificate of Good Moral Character |  |  |
| 6 | NSO-certified Birth Certificate |  |  |
| 7 | Others: |  |  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***SIGNATURE OVER PRINTED NAME******SBMA SCHOLARSHIP COORDINATOR*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_*DATE* |