



Republic of the Philippines  
Province of Ilocos Sur  
City of Candon

## CANDON CITY SCHOLARSHIP PROGRAM

### APPLICATION FORM

NAME : \_\_\_\_\_  
(Family Name) (Given Name) (Middle Name)

ADDRESS: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

School Graduated/Last Attended From: \_\_\_\_\_

School Year: \_\_\_\_\_ General Average: \_\_\_\_\_

Course: \_\_\_\_\_

FATHER: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Income: \_\_\_\_\_

MOTHER: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Income: \_\_\_\_\_

#### CHARACTER REFERENCES:

	Name	Contact Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

#### AGREEMENT

I, \_\_\_\_\_, (single/married), \_\_\_\_\_ years old and a resident of \_\_\_\_\_ for \_\_\_\_\_ years, do hereby swear to the validity of the personal information stated above and likewise promise to abide by the conditions and terms of the City of Candon Scholarship Program

\_\_\_\_\_  
(Printed Name and Signature of Applicant)

Contact No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

#### For additional information, contact the following:

	Name	Contact Number
1.	Mrs. Grace L. Ramos	09053511488
2.	Ms. Anna Maria G. Balbin	09174667175