



APPLICATION FOR SCHOLARSHIP for Students with High Honors

CERTIFICATION from SCHOOL REGISTRAR and PRINCIPAL

TO THE APPLICANT: With your application, you must submit a certification from your Elementary School. Give this form and an envelope to your Registrar and Principal. Please be considerate enough to allow them sufficient time to complete the form. When those persons return the sealed envelope to you, include it with your other application materials. Unsealed or tampered envelope will not be considered.

APPLICANT'S PERSONAL INFORMATION

Last Name First Name..... Middle Name.....
LRN Contact No.

TO THE ELEMENTARY SCHOOL OFFICIALS: The applicant is preparing the requirements for academic scholarship in AMSAI Junior High School Department. The Scholarship Committee requests that the Registrar and the Principal certify the following information as part of the applicant's requirements for eligibility for Scholarship for Students with High Honors. Please return this to the applicant in a sealed envelope.

Name of Elementary School
Mailing Address of School
School Phone..... School Email Address
School ID DepEd Recognition/Permit No.
A. The applicant belongs to graduating class of School Year:
B. The applicant is the graduation class: ☐ Valedictorian ☐ Salutatorian ☐ Top _____
C. Total number of graduates of the elementary program for the school year:
D. Date of Graduation:

Certified by:

Signature over printed name of School Registrar

Approved by:

Signature over printed name of School Principal

SCHOLAR PROFILE

Paste 1 X 1
Photo Here

RENEWAL APPLICANT'S PERSONAL INFORMATION

Father's Complete Name		Father's Birthdate (MM/DD/YY)		If deceased, when?	
Father's Occupation (If self-employed, describe nature of work)			Name of Company / Employer		
Mother's Complete Name		Mother's Birthdate (MM/DD/YY)		If deceased, when?	
Mother's Occupation (If self-employed, describe nature of work)			Name of Company / Employer		
Total Number of Siblings	Studying?		Married / Employed?		Not Living with Parents?

FAMILY DATA

Last Name		First Name(s) and Middle Name		Nickname	
House No.	Street		Subdivision/Village		Barangay
Town/City	Province		ZIP Code		Home Tel. No.
<i>If applicant is from the province, please indicate the address where he/she is staying in Davao City during his/her studies at Ateneo:</i>					
Mobile Phone			Email Address		
Date of Birth (MM/DD/YY)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship	

APPLICANT'S AFFIDAVIT OF AGREEMENT

1. I certify that I have read and understood all the questions set forth in this scholarship renewal and the answers I have furnished on this form are true and correct to the best of my knowledge and belief;
2. I also hereby authorize the School to verify the same through an official inquiry, if needed. I understand that any false or misleading statement may result in the refusal of admission into the school and/or non-qualification for a grant;
3. I also understand that the grant applied for is a matter of privilege, and thus not a demandable right;
4. I understand that the results of the application and minutes of the deliberations of the Scholarship Committee are confidential, thus I have no right to demand for any information relating thereto;

Applicant's Signature Over Printed Name	Date	Guardian's Signature Over Printed Name	Date
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