



GAPASCA SCHOLARSHIP APPLICATION

The Scholarship Committee will only accept applications submitted to scholarship.gapasca@gmail.com.
You can find the form and other information at www.gapasca.org.

I, _____ have read and understand the terms and conditions of the GAPASCA Scholarship Program and I wish to be considered for a Scholarship Grant. Permission is hereby given to officials of my institution to release transcripts of my academic record and other requested information for consideration in the GAPASCA scholarship program. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I waive the right to access letters of recommendation on my behalf. I affirm that I am a person born and raised in Gapan City. If selected as a GAPASCA Scholar, I agree to attend the GAPASCA Scholarship awards and banquet on **March 30, 2019 in Gapan City**. Further, I give GAPASCA permission to use my pictures and personal information I willingly provided that are related to the course of my scholarship application, acceptance and status as promotional materials of GAPASCA Scholarship Program.

This application, including the essay, is my own work. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

Date _____ Signature _____

A. You, the Nominee

Legal name in full _____
LAST FIRST MIDDLE NAME
Permanent Residence _____
STREET AND NUMBER _____

(Permanent residence is established by at least two of the following: home address for school registration; family's primary residence.)

If you are selected as a scholar, you will receive notification by mail AND email by February 15, 2019. Send notification to:

STREET AND NUMBER: _____
CITY COUNTRY ZIP CODE: _____
BEST TELEPHONE: _____
BEST EMAIL ADDRESS: _____

B. Your Family Background

Father: () Living () Deceased	Mother: () Living () Deceased
Name: _____	_____
Address: _____	_____
_____	_____
Occupation: _____	_____
Educational Attainment: _____	_____
Total Parents' Monthly Gross Income: _____	No. of Siblings: _____

C. Your Aspirations

1. In one or two sentences, describe your career goal: (Limit 1000 characters with spaces)

2. What are your professional aspirations? Specify how your academic program and your overall educational plans will assist you in achieving your goals. (Limit 2000 characters with spaces)

D. Your Schooling

What school are you currently enrolled in? _____

Which year are you in the current academic year? _____

What is your Grade Weighted Average (GWA)? _____

Name of Principal and contact information: _____

1. Beginning with the school you currently attend, list all schools you attended in the last four years, including any for summer or special courses. You will have space to list 4 schools.

SCHOOL	LOCATION	DATES ATTENDED	GWA
1.			
2.			
3.			
4.			

2. List any awards, honors, or scholarships you have received in the past four years. Please list in descending order of significance. You will have space to list up to 6 awards.

NAME	DATE	DESCRIPTION
1.		
2.		
3.		
4.		
5.		
6.		

1. List any programs and activities in which you have participated on campus or in your community while in school (such as clubs, publications, debate, dramatics, music, art, student government...). Please list in descending order of significance. You will have space to list up to 6 high school activities.

2. List internships, assistantships, and jobs (including summer employment) you have held in the past four years. You will have space to list up to 6 employers.

3. List public service and community activities. Do not repeat items listed previously. Please list in descending order of significance. You will have space to list 6 activities.

4. Describe a leadership experience in which you made a difference on campus or in your community (limit 2400 characters with spaces)

5. Describe a specific activity or experience that has been important in clarifying or strengthening your commitment to your chosen career or vocation. (Limit 1000 characters with spaces)

6. What additional information (not already addressed in the application) do you wish to share with the GAPASCA Scholarship review committee? (Limit 1000 characters with spaces)

7. List the colleges or universities you intend to enroll in (you will have space to list 3 schools)

SCHOOL	ADDRESS	PUBLIC OR PRIVATE	COURSE/MAJOR
1.			
2.			
3.			

F. Essay (attach in a separate paper)

In 800 words or less, discuss a significant public person, event, activity or public policy and its impact on your life, interests and career goals.

G. List names of individuals who know you personally and would be willing to provide a recommendation on your behalf:

Name	Address	Telephone #	Email Address	Reference Type
1.				
2.				
3.				
4.				

SUBMISSION CHECKLIST

Application for Scholarship Grant

Check each box for documents submitted. Send this completed Checklist with your application. Incomplete applications or applications with information not meeting the eligibility requirements will not be considered for review.

- ☐ Completed GAPASCA Scholarship Application Form
- ☐ Certified copy of birth certificate
- ☐ Certified copies of 2016 and 2017 income tax return
- ☐ Those exempted from filing income tax must have a certificate of tax exemption from the BIR
- ☐ Certificate of indigency from their Barangay
- ☐ Certified copy of high school report card for third year and fourth year grading period prior to November 1st
- ☐ *Essay*

***Application must be received on or before
November 30, 2018***