

# POLCA DLSU-Dasmariñas, Inc.

c/o De La Salle University-Dasmariñas  
 Dasmariñas, Cavite 4115  
 Philippines  
 Tel No (046) 416 4531 local 3037



## APPLICATION FOR POLCA SCHOLARSHIP

(Note: Please use black ink, write in PRINT and no erasures.)

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
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Please check ( / ) appropriate item/s:

COLLEGE:

<b>CBA</b>	<b>CLA</b>	<b>COS</b>	<b>CLE</b>	<b>CET</b>	<b>CIHM</b>	<b>COE</b>	<b>GSEAS</b>
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YEAR LEVEL:

Second Year	Third Year	Fourth Year	Fifth Year
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### PERSONAL INFORMATION

Date of Birth	Place of Birth	Civil Status	Blood Type
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Height	Weight	Age	Sex	Citizenship	Religion
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Complete Home Address	
Complete Provincial Address	
Telephone Numbers/Mobile Phone Number	E-mail Address

### EDUCATIONAL BACKGROUND

<b>Elementary</b>	
Name of School	Year Graduated
Address	
<b>Secondary</b>	
Name of School	Year Graduated
Address	

### HONORS/AWARDS RECEIVED (Please include date and place)


**Person (most accessible) to be notified in case of emergency.**

Name	Relationship
Address	Phone number/Mobile Phone Number

**Family Background**

<b>F a t h e r</b>		
Last Name	First Name	Middle Name
Occupation	Citizenship	Educational Attainment
Name of Employer/Business	Address	Monthly Income
Work Telephone No	Home Telephone No	Mobile No

<b>M o t h e r</b>		
Last Name	First Name	Middle Name
Occupation	Citizenship	Educational Attainment
Name of Employer/Business	Address	Monthly Income
Work Telephone No	Home Telephone No	Mobile No

Name/s of Brother/s / Sister/s	Civil Status	Age	If married, write name/s of dependents	If still studying, write the name of school, address and tel. no.	If already employed, write the name of company, address and tel. no.

**GUARDIAN**

Last name	First Name	Middle Name
Occupation	Citizenship	Educational Attainment
Name of Employer/Business	Address	Monthly Income
Work Telephone No.	Home Telephone No.	Mobile No.

***I certify to the best of my knowledge that the statements and other information contained on this application form are correct and complete. POLCA DLSU-Dasmariñas, Inc. has my permission to verify any information on this form.***

**Signature of Applicant** \_\_\_\_\_ **Date Filed** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_