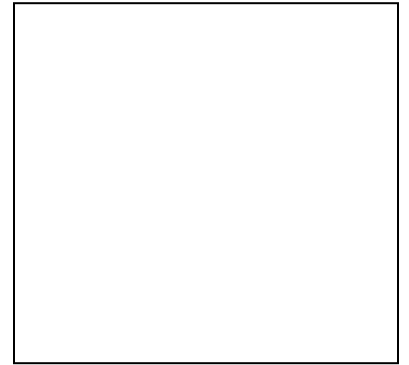


SILLIMAN UNIVERSITY

6200 Dumaguete City



SCHOLARSHIP APPLICATION FOR MEDICAL SCHOOL

FULL NAME: _____
Last First Middle

COURSE: _____ MOBILE PHONE NO.: _____

BIRTHDATE: _____ AGE: _____ RELIGIOUS AFFILIATION: _____ GENDER: _____

HOME ADDRESS: _____ PHONE NO.: _____

DUMAGUETE CITY ADDRESS: _____ PHONE NO.: _____

COLLEGE GRADUATED FROM: _____ YEAR GRADUATED: _____

NO. OF GRADUATES: _____ GRADUATION HONOR/RANK: _____ CQPA: _____

Please list the awards, honors and citations you received in College and indicate inclusive years:

Year	Award	Nature/Description of Award

FATHER'S NAME : _____ AGE _____ OCCUPATION _____

MOTHER'S NAME: _____ AGE _____ OCCUPATION _____

NO. OF SIBLINGS : _____ PARENTS' COMBINED ANNUAL INCOME : _____

Sibling's Name	Age	Highest Educational Attainment	Current Employment	Status

Aside from parents, state the other persons helping your studies while in Silliman:

a) _____ Relationship _____

b) _____ Relationship _____

In what way, Please check: () School fees () Board & Lodging () Allowance () Others _____

Name and address of two persons not related to you whom you know can honestly recommend you:

a) _____ Address _____

b) _____ Address _____

I hereby certify that the above information is true and correct to the best of my knowledge and ability.

Signed: _____

Applicant's Signature

Date Filed: _____

APPLICATION REQUIREMENTS

1. **Accomplished application form.** On a separate sheet of paper , briefly write an essay about yourself, your goals in life and why you need this special scholarship and what it will mean to you if granted.
2. **Photocopy of Transcript of Record (TOR).**
3. **Photocopy of National Medical Admissions Test (NMAT) result.**
4. **Endorsement from the College Dean.**
5. **Latest income tax return or Certification as non-filer from the local BIR of both parents.**
6. **Recommendations from two (2) uninterested reliable persons from his/her community but not politicians and relatives, stating the economic condition of the family.**

Requirements must be submitted on or before APRIL 30, 2018.

For more information on scholarship, please write to:

Student Scholarship and Aid Division
Office of Student Services
Silliman University
2nd Flr. Oriental Hall
Dumaguete City
Telephone No. (035) 422-6002 local 328
Email: sac@su.edu.ph / rodorasagun@yahoo.com