

Mariano and Lina Lao Scholarship Grant

Former: Prof. Lina F. Rabor Scholarship

Application Requirements for Incoming Grade VII and Continuing Scholars

Accomplish and submit the following documents in a long-sized folder on or before **June 13, 2025**, to the Principal's Office.

- a. Application Form
- b. Personal letter of application both by the applicant student and his/her parents/legal guardian;
- c. Clear copy of Form 138 (Report Card);
- d. Clear copy of the Latest Income Tax Return (Family's total gross income from all sources must not exceed PhP 200,000) or Certificate of Tax Exemption or Municipal Certification of Unemployment of Parents/Legal Guardian; and
- e. Certification of Good Moral Character attesting that the applicant has no disciplinary record and must be of good moral character from:
 - i. school last attended (for incoming Grade 7 applicants only)
 - ii. barangay
 - iii. religious leader where the applicant is affiliated in or belongs

Note: Must not be a recipient of any other scholarship grant, and in the event the grantee qualifies for an Academic Honor, the corresponding honor attached to it shall be conferred on the student through a University Certificate in lieu of any monetary consideration.

Silliman University
School of Basic Education
Junior High School

Attach
Recent 2" X 2" Picture

Application Form

Mariano and Lina Lao Scholarship Grant
Former: Prof. Lina F. Rabor Scholarship

Name _____
Last Name First Name Middle Name

Gender () Male () Female Age _____ Date of Birth _____

Home Address _____

Contact Numbers Landline _____ Mobile _____

Grade Level _____ Last School attended _____

School Address _____

Please list below your involvement, awards, citations received during the past 2 years, if any:

School Year	Award	Nature/Description

Father's Name _____ Age _____ Occupation _____

Workplace Address _____

Mother's Name _____ Age _____ Occupation _____

Workplace Address _____

Parents' Home Address _____

Parents' Combined Annual Income _____ Number of Sibling _____

Persons, other than parents, who are helping or could help in your studies while in Silliman University:

Name _____ Relationship _____

Two persons not related to you whom you know can honestly recommend your application:

Name	Address	Contact Number

We hereby certify that the above information is true and correct.

Signature over Printed Name of Student Applicant

Signature over Printed Name of Parent(s)

Date: _____

Date: _____