APPLICATION FOR HIGH SCHOOL SCHOLARSHIP Under Municipal Ordinance No. 82, s. 2016

MO Form #01-96		Paste One	
TO BE FILLED-OUT BY APPLICANT		2" x 2" new colored photo	
LAST NAME FIF	RST NAME		
MIDDLE NAME		Applicant No.	
Date of Birth:	Place of Birth:		
Date of Birth: Male	e Citizenship:		
Last School Attended:	Sc	chool Year	
At which school you will enroll:	50	choor rear.	
CLASS STANDING UPON GRADUAT	ON FROM THE ELEMEN	TARY SCHOOL:	
□ Rank:□	General Average:		
TO BE FILLED-OUT	BY PARENT/GUARDIAN		
Name of Parent/Guardian:	Occupation:		
Name of Spouse:	Occupation:		
Contact Number/s:			
No. of Dependent Children.			
No. of Employed Children:	No. of Unemployed Children:		
Annual Family Income:Address :			
WE HEREBY DECLARE THAT THE ANSWE			
(Date Accomplished) (Signature of	Parent/Guardian) (S	ignature of Applicant)	
REQUIREMENTS FOR APPLICATION OF SCHOLARSHIP	ACTION TAK	KEN/REMARKS	
 Xerox Card/DECS Form 138; Barangay Certificate of Residency; Recent 2 x 2 Photo (2 pcs.); Certificate of Good Moral Character from the 	ast school attended:		

5. Recent Individual Tax Return (ITR) or Certification of Indigent issued by the Mun. Social Welfare & Development Office (MSWDO) of Itogon. (To be Accomplished in Duplicate)