



FR. MICHAEL DONOHER MEMORIAL SCHOOL, INC.

J. P. Rizal Street Brgy 1 Silang, Cavite

Tel: (046) 404-1950/09610244357

Email: fmdms_silang@yahoo.com

"Let us be for Christ and not for ourselves" -St. Columban



APPLICATION FOR SCHOLARSHIP GRANT

Name of Child: _____ Grade level: _____

Address: _____

<i>No.</i>	<i>Street</i>	<i>Barangay</i>	<i>Town/City</i>	<i>Province</i>
------------	---------------	-----------------	------------------	-----------------

Date of Birth: _____ Place of Birth: _____

Name of Parents: Father: _____ Occupation: _____

Mother: _____ Occupation : _____

Name of siblings:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Average monthly family income: _____

Other source of income: _____

.....
Credentials submitted:

_____ NSO birth certificate

_____ Application letter stating the reason for applying in the scholarship program.

_____ Baptismal certificate

_____ Progress report card of previous grade level

Interviewed by: _____ Signature: _____

Recommended by: _____ Signature: _____

Approved by: _____ Signature: _____