



Philippine Professional & Business Society of Santa Clara Valley, Inc.

APPLICATION FORM SCHOLARSHIP GRANT

DEADLINE FOR SUBMITTAL: **3rd FRIDAY OF JUNE**
(Refer to Cover Letter for Eligibility Requirements)

www.ppbs.org

Please return application to:

Emmer D. Dela Cruz
PPBS Scholarship
1942 Ensign Way
San Jose, CA 95133

PLEASE PRINT

Male

Female

Name : _____
Last First Middle

Address : _____
Street City State Zip

Date of Birth: _____ Birthplace: _____

Name, Address and Telephone Number of HIGH SCHOOL you attend.

Name	Telephone
Street Address	City State Zip

Date of Graduation from High School: _____ Grade Point Average: _____
Month and Year

Please provide the names of all colleges, universities, and trade/technical schools where you applied and /or got acceptance.

Intended major course of study during college: _____

Please, give a brief statement on your reason for applying for this scholarship. Include your career plans, goals, objectives and any other information you feel would be valuable to the selection committee. If necessary, attach an additional sheet.

Please, describe all school service-related activities – include any service you provide to others in your school. Please do not use abbreviations for organizations listed. Additional sheet may be attached.

Please, describe in detail, your volunteer service in the community. Do not include school extracurricular activities as previous question refers to school related activities. Additional sheet may be attached.

DEADLINE FOR SUBMISSION OF APPLICATION PACKET (COMPLETED APPLICATION FORM, HIGH SCHOOL'S TRANSCRIPT OF RECORDS AND REFERENCE FORM) IS 3rd FRIDAY OF JUNE.

It is the responsibility of the student that a complete Application Packet is submitted on time by the 3rd Friday of June to the PPBS Scholarship Committee (see contact person above).

Do you give permission for your name to be used in a News Release concerning this Scholarship Grant? Please, mark one: YES NO

Signature of student _____

Telephone Number () _____ Email: _____



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SCHOLARSHIP GRANT STATEMENT OF REFERENCE

www.ppbs.org

Please send completed form to:
PPBS Scholarship
1942 Ensign Way, San Jose, CA 95133

Name of Applicant: _____

Work or academic setting in which known: _____

Please rate and include specifics

Scholastic Ability: Top 10% Top 25% Average

Comments: _____

Leadership Ability: Top 10% Top 25% Average

Comments: _____

Additional Comments: (To further assist the committee in evaluating the applicant)

(Additional sheet may be attached)

Reference Completed By: _____

Signature

Date

Name: _____ Position: _____

School or Agency: _____

Address: _____