



AFPSLAI EDUCATIONAL GRANT PROGRAM APPLICATION FORM (FOR AY 2024-2025)

PHOTO / ID
(2x2)

A. PERSONAL BACKGROUND

NAME:					
LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS:					ZIP CODE:
DATE OF BIRTH:			PLACE OF BIRTH:		
TELEPHONE NO/s:		CELLPHONE NO/s:		EMAIL ADDRESS:	
CIVIL STATUS:	AGE:	GENDER:	FACEBOOK HANDLE:		

B. ACADEMIC BACKGROUND

SCHOOL	ADDRESS	LEVEL	INCLUSIVE DATES: (FROM/TO)

Incoming _____ year for AY 2024-2025

C. ACADEMIC GOALS

UNIVERSITY OR COLLEGE WHICH YOU HAVE APPLIED FOR ACCEPTANCE OR CURRENTLY ENROLLED AT

SCHOOL	ADDRESS	COURSE	ENTRY LEVEL	STATUS (APPLYING/ACCEPTED)

Course likely going to take or already taking: _____

For incoming 1st year college, which school are you most interested/likely to enroll in: _____

SCHOLARSHIP/S OR GRANT/S WITH OTHER INSTITUTIONS

INSTITUTION	BENEFITS & PRIVILEGES	STATUS APPLYING/ACCEPTED

D. FAMILY BACKGROUND

FATHER'S NAME:			
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS:			ZIP CODE:
DATE OF BIRTH:		PLACE OF BIRTH:	
TELEPHONE NO/s:	CELLPHONE NO/s:	EMAIL ADDRESS:	
OCCUPATION:		POSITION/TITLE:	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED		IF DECEASED, CAUSE OF DEATH:	

MOTHER'S NAME:			
LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS:			ZIP CODE:
DATE OF BIRTH:		PLACE OF BIRTH:	
TELEPHONE NO/s:	CELLPHONE NO/s:	EMAIL ADDRESS:	
OCCUPATION:		POSITION/TITLE:	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED		IF DECEASED, CAUSE OF DEATH:	

NAME OF BROTHERS AND SISTERS	AGE	DATE OF BIRTH	PREVIOUS AFPSLAI SCHOLAR/GRANTEE (YES OR NO)

Use additional sheets, if necessary.

E. SPONSOR'S INFORMATION

SPONSOR'S NAME:			
LAST NAME	FIRST NAME	MIDDLE NAME	
RELATIONSHIP:	CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> SEPARATED		
ADDRESS:			ZIP CODE:
DATE OF BIRTH:	PLACE OF BIRTH:	AGE:	GENDER:
TELEPHONE NO/s:	CELLPHONE NO/s:	EMAIL ADDRESS:	
BUSINESS/UNIT ADDRESS:		BUSINESS/UNIT CONTACT NO/s:	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED		IF DECEASED, CAUSE OF DEATH:	

BRANCH OF SERVICE				
<input type="checkbox"/> PNP	<input type="checkbox"/> BJMP	<input type="checkbox"/> BFP	<input type="checkbox"/> PCG	<input type="checkbox"/> OTHERS _____
<input type="checkbox"/> PA	<input type="checkbox"/> PN	<input type="checkbox"/> PAF	<input type="checkbox"/> CIV	
STATUS				
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DUE TO RETIRE	
<input type="checkbox"/> KILLED-IN-ACTION	<input type="checkbox"/> KILLED IN THE LINE-OF-DUTY	<input type="checkbox"/> COMPLETE DISABILITY DISCHARGE	<input type="checkbox"/> OTHERS _____	

.....
THIS PART OF THE APPLICATION FORM SHALL BE FILLED OUT BY AN AFPSLAI PERSONNEL

DATE OF AFPSLAI MEMBERSHIP:	PLACE OF TRANSACTION:
CIF/MEMBER NO.:	CAPITAL CONTRIBUTION ACCOUNT NO.:
SAVINGS DEPOSIT ACCOUNT NO.:	PENSION ACCOUNT NO.:
EXISTING LOAN WITH AFPSLAI:	<input type="checkbox"/> SALARY/PENSION LOAN <input type="checkbox"/> EMERGENCY LOAN <input type="checkbox"/> BACK-TO-BACK LOAN <input type="checkbox"/> MULTI-PURPOSE LOAN <input type="checkbox"/> PERSONAL LOAN <input type="checkbox"/> OTHERS (SPECIFY) _____

PLEASE ATTACH TO THIS FORM THE FOLLOWING REQUIREMENTS IN PROPER SEQUENCE:

APPLICANT's DOCUMENTS

1. Philippine Statistics Authority (PSA) certified Death Certificate of sponsor (if applicable).
2. Proof of highest educational attainment such as report cards, true copy of grades/transcript of records duly certified by the school principal/registrar.
3. For incoming first year students, copy of entrance examination result or certificate of acceptance from the school he/she is interested to enroll in.
4. For incoming second- and third-year students, school/course grading system.
5. Certificate of Good Moral Character from the high school principal.
6. PSA-certified Birth Certificate of applicant or in the absence thereof, certification from the Local Civil Registry regarding the loss, destruction or absence of registry records and affidavits of two (2) disinterested persons who have knowledge of such birth and parentage of the applicant.
7. Police or NBI Clearance of the applicant.

SPONSOR's DOCUMENTS

1. Latest payslip/Certificate of Pension (COP) and Income Tax Return (ITR) of the following:
 - a) if sponsor is parent, payslip/COP and ITR of both parents
 - b) if sponsor is sibling, payslip/COP and ITR of sponsor and both parents

Note: If both or one of the parents has no work or is not receiving pension, a certificate from the local government confirming such status must be provided.

2. PSA-certified Certificate of No Marriage (CENOMAR) and Affidavit of No Child, if sponsor is sibling.
3. Marriage certificate of spouse (as applicable), if sponsor is former AFPSLAI regular member who is now deceased.

IMPORTANT:

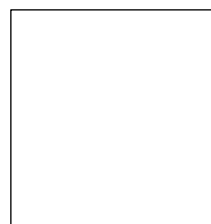
- Applications with incomplete requirements will not be accepted.
- Photocopied requirements must be certified "TRUE COPY OF ORIGINAL" by receiving branch personnel after presenting the original copies.
- AFPSLAI reserves the right to change requirements for any reason at the option of the Association.
- The AFPSLAI Educational Grant Program allows only one (1) grantee per sponsor/family.
- Submission of this Application does not guarantee a slot in the AFPSLAI Educational Grant Program. Filling up of slots shall be subject to existing policy.

We hereby certify that all information on this form and those attached are true to the best of my knowledge. Any misrepresentation/non-declaration of information shall mean outright disqualification from the Program.

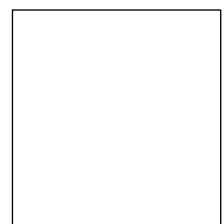
I am agreeing to the AFPSLAI Privacy Notice pursuant to R.A. 10173 and hereby giving my consent to the collection and processing of my personal data necessary for this application.

APPLICANT'S SIGNATURE OVER
PRINTED NAME

DATE



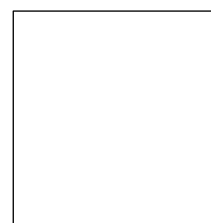
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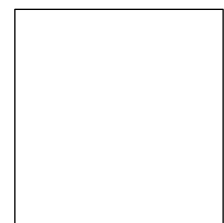
RIGHT THUMBMARK

SPONSOR'S SIGNATURE OVER
PRINTED NAME

DATE



LEFT THUMBMARK



RIGHT THUMBMARK