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UNOSSA ACADEMY
LIPA CITY
MATER DEI SCHOLARSHIP
PARTICIPANT/SØ PLEDGE FORM

Date: _____

1-NAME: _____

11-ADDRESS: _____

111- AGE _____ SEX: _____ LEGAL STATUS: _____

1V- COMPANY AFFILIATION: _____

V-POSITION & ADDRESS: _____

V1-CONTACT REFERENCES: Tel/Cell No. _____

V11-WEB SITE/E-MAIL ADDRESS: _____

V111-SCH. YEAR COVERAGE: _____

IX-NAME OF SCHOLAR BENEFICIARY/IES: _____

X-ADDRESS: _____

X1-PLEDGE COMMITMENT: (Good for 4 years-1st-4th years)

A----Full Scholarship (all fees+ books) P/ _____

Or (all fees (without books) P/ _____

B----Partial Scholarship (minimum of P/ 5,000.00 or more) P/ _____

SIGNED BY:

Scholarship Participant

School Head