



THE GBF (CHINA) SCHOLARSHIP PROGRAM

(A Project of the Gokongwei Brothers Foundation)

Colored
Photo

APPLICATION FORM

Nickname

Last Name First Name Middle Name

Personal Information

Present Address	<input type="text"/>	Sex	<input type="text"/>	Birthplace	<input type="text"/>
	<input type="text"/>	Age	<input type="text"/>	Religion	<input type="text"/>
	<input type="text"/>	Civil Status	<input type="text"/>	Citizenship	<input type="text"/>
Contact Number	<input type="text"/>	Height	<input type="text"/>	Passport No.	<input type="text"/>
	<input type="text"/>	Weight	<input type="text"/>		<input type="text"/>
Provincial Address	<input type="text"/>	Birthdate	<input type="text"/>	Languages	
	<input type="text"/>			Spoken	<input type="text"/>
Contact Number	<input type="text"/>			Read	<input type="text"/>
E-mail Address	<input type="text"/>			Written	<input type="text"/>
				Others	<input type="text"/>
Person to Contact in Case of Emergency				Hobbies	<input type="text"/>
Name	<input type="text"/>			Sports	<input type="text"/>
Address	<input type="text"/>			Vices	<input type="text"/>
Relation	<input type="text"/>			Talents	<input type="text"/>
Contact Number	<input type="text"/>			Skills	<input type="text"/>

Family Background

Relation	Name	Age	Occupation	Company / School
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brother / Sister	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Educational Background

	Yr. Started	Yr. Ended	Course	Major/Minor	School / University	Honors Received
Elementary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organizations and Affiliations

Organization	Period Covered	Highest Position	Awards
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recent Training and Seminars

Date	Topic	Venue	Remarks

Achievements, Awards, Commendations

Date Given	Title of Award	Given By	Nature / Category

Work History

Company	<input type="text"/>	Type of Business	<input type="text"/>
Address	<input type="text"/>	Period Covered	<input type="text"/>
Last Position Held	<input type="text"/>	Immediate Supervisor	<input type="text"/>
Tel No.	<input type="text"/>	Reason for Leaving	<input type="text"/>
Company	<input type="text"/>	Type of Business	<input type="text"/>
Address	<input type="text"/>	Period Covered	<input type="text"/>
Last Position Held	<input type="text"/>	Immediate Supervisor	<input type="text"/>
Tel No.	<input type="text"/>	Reason for Leaving	<input type="text"/>

Character References

Name	Company	Address	Position	Tel. No.

Medical History

Birth Mark	<input type="text"/>	Do you wear glasses / contact lenses?		<input type="text"/>	Grade
Blood Type	<input type="text"/>	<input type="text"/> Yes	<input type="text"/> No	<input type="text"/>	<input type="text"/>
Physical Defect	<input type="text"/>				
Major Surgery / Illness	<input type="text"/>				
Allergies	<input type="text"/>				

Essay

How can the **GBF (China) Scholarship Program** enrich my professional life and ultimately benefit the country?
 (Please have your typewritten answer on a separate page.)

Signature

I hereby affirm to the best of my knowledge that all answers to the foregoing are true and correct. I acknowledge that filing of this application doesn't entitle me to any acquired right and the Gokongwei Brothers Foundation (GBF) may dispose of this application if it so desires. I also authorize GBF to inquire as to my record from any or all of the schools I attended and/or my previous employers without liability arising therefrom.

I further acknowledge that any misinterpretation in the foregoing which may be subsequently found shall be sufficient cause for separation from the program.

 Applicant's Signature over Printed Name

 Date