

Scholarship Application Form # _____

Requirements: 2 Photos
 Transcript of Records
 Recommendation from school
 Brief Summary about your self
 Likes and Dislikes

Mail to: **Oriental Delights Entertainment Co.**
ATTENTION: Scholarship Department
PO Box 390-661
Paradise Hills, San Diego, CA 92139

PERSONAL DATA:

Scholarship Desired: Highschool College Vocational
 Name: _____
 City Address: _____
 Tel. Number: _____
 Provincial Address: _____
 Date of Birth: _____ Place: _____
 Civil Status: _____ Citizenship: _____
 Height: _____ Weight: _____
 Religion: _____ Sex: _____
 Name of Husband or Wife: _____
 His/Her Occupation: _____ Address: _____
 Number of Children: _____ Name & Date of Birth of Children: _____

Father's Name: _____ Occupation: _____
 Mother's Name: _____ Occupation: _____
 Their Address: _____
 Tel. Number: _____
 Languages or Dialects you can speak or write: _____

Person to be contacted in case of emergency: _____
 His/Her Address: _____
 Tel. Number: _____

EDUCATIONAL BACKGROUND:

Elementary School: _____ Date Graduated: _____
 High School: _____ Date Graduated: _____
 Vocational School: _____ Date Graduated: _____
 College: _____ Date Graduated: _____
 Course: _____
 Special Skills: _____ Others: _____

EMPLOYMENT RECORD: (From present work backward)

FROM	TO	POSITION	COMPANY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

JOB DESCRIPTION/DUTIES AND RESPONSIBILITIES:

CHARACTER REFERENCES

(Not related to you)

Name	Occupation	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Res. Cert. No. _____
 Issued at _____
 On _____
 SS No. _____
 TIN No _____
 NBI No _____
 Passport No _____
 Bank Account No _____

I HEREBY CERTIFY that the above information is true and correct to the best of my knowledge and belief.

 Applicant's Signature