



APPLICATION FORM for LANDBANK Gawad Patnubay Scholarship Program

Instructions:

Please type or write clearly in English and submit to your respective university scholarship coordinators or send to LANDBANK Gawad Patnubay Scholarship Program thru

Email: irritraining@irri.org

Or visit Web site: www.training.irri.org, www.landbank.com

Note: Only complete application documents will be processed.

Attach recent photo here

Please attach the following:

- Updated Curriculum Vitae
- True copy of grades with university seal
- One (1) Letter of recommendation from one of your professor
- Essays
 1. 500-word essay on "Why I am pursuing an agriculture-related career?"
 2. 500-word essay on "How does LANDBANK help in nation building and the agricultural industry (fishery, farming, forestry, etc.)?"
- PSA/NSO certified birth certificate (BC) or Certified True Copy (CTC) of BC issued by the Local Civil Registrar (LCR) and duly authenticated by PSA
- One 2"x2" ID photo
- Photocopy of recent ITR of parents or BIR certificate of tax exemption or certificate of indigency
- Certificate of good moral character from the college or university's Office of Student Affairs
- Barangay Clearance from the applicant's home barangay

1. Date of application				
I. PERSONAL PROFILE				
2. Name in full				
First name		Middle name		Last name
3. Sex	4. Age	5. Date of birth (mm/dd/yy)	6. Citizenship	7. Civil Status
II. CONTACT INFORMATION				
8. Name of University & Campus		9. Course		10. Major (if any)
11. Year/Level				
12. University Address:				
13. Preferred mailing address:				
14. Mobile no.	15. Telephone no.:		16. Email (if any):	
III. SPOUSE INFORMATION				
17. Name of Spouse:		18. Age	19. Date of birth (mm/dd/yy)	20. Occupation (if self-employed, please state nature of business)
				21. Monthly income

22. List names of children (if applicable)						
Name	Sex	Date of Birth (mm/dd/yy)	Age	Grade/Year Level	Name of School	Address of School
IV. PARENTS/GUARDIAN'S INFORMATION						
23. FATHER'S DETAILS						
First name	Middle name	Last name			Nickname	
Age	Date of birth (mm/dd/yy)			Citizenship		
Occupation (if self-employed, please state nature of business)				Monthly Income:		
Address:						
Mobile no.:		Telephone no.:		Email (if any):		
24. MOTHER'S DETAILS						
First name	Middle name	Last name			Nickname	
Age	Date of birth (mm/dd/yy)			Citizenship		
Occupation (if self-employed, please state nature of business)				Monthly Income		
Address:						
Mobile no.:		Telephone no.:		Email (if any):		
25. Religion:		Please specify if you are a member of any indigenous group : (example: Ifugao, Igorot, Kalinga, Batak, Palawan, Tagbanwan, Manobo, Tboli, Tigwa, Tiruray, Ubo Manobo, etc.)				



26. LIST NAMES OF BROTHERS AND SISTERS

Name/Gender	Date of Birth	Highest Educational Attainment	Civil Status	If married, no. of dependents	Work/Employment <i>(if self-employed, please state nature of business)</i>	Income	
						Total Income	Total monthly contribution to the household income

27. OTHER SOURCES OF INCOME/FINANCIAL SUPPORT/WORK EXPERIENCE OR PART-TIME JOB

Income source/nature of work <i>(e.g. other work, part-time job or relatives giving contribution to the family)</i>	Total amount received annually

IV. ACADEMIC QUALIFICATIONS

28. Educational record: *(List chronologically beginning with latest school attended)*

Name of institution	Period of enrollment	Highest degree attained/Course/Degree Program

29. Honors and awards received:

30. Why are you pursuing an agriculture-related career?



31. Other qualifications (please check all applicable items)

- Agrarian reform beneficiary dependent
- Parents are members of cooperative(s) / Name of Cooperative: _____
- Student Leader
- Other Scholarship: _____

32. How did you learn about the scholarship?

33. REFERENCES (Give names and complete contact information of your three (3) references other than your family members)

Name	Relationship	Address (including email, if available and contact number)

34. APPLICANT'S ATTESTATION:

I CERTIFY THAT ALL STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT. I AUTHORIZE THE INSTITUTE TO VERIFY THESE AND ANY INFORMATION PERTAINING TO THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR WITHHELD INFORMATION SHALL CONSTITUTE SUFFICIENT CAUSE FOR DISMISSAL IF I AM SELECTED AS A SCHOLAR.

Name/signature of applicant	Date	Full address/email address
Name/signature of parents/guardian	Date	Full address/email address