



APPLICATION FOR SCHOLARSHIP TO WESTBRIDGE

Should be accomplished by the applicant or the designated guardian in lieu of the applicant. The accomplished form should be submitted together with the other required documents at the Registrar's Office. Submitted documents in compliance with the entrance exam requirements, shall become the property of the Registrar's Office upon submission and shall not be returned to the applicant. Please WRITE LEGIBLY IN PLAIN BLOCK LETTERS.

Our Scholarship Program is open to all incoming grade 7 male students who are of excellent academic standing.

To aid in our screening of scholars, we require the following documents:

To facilitate the smooth processing of your application for admission to Westbridge School, kindly ensure that the following will be submitted with this form.

The following should be submitted in a long, brown envelope together with a long white folder:

Photocopy of the following:

- Parents' Church Marriage Certificate
- Baptismal and Confirmation Certificate (if applicable) Report Card (Form 137) with latest possible grades and signed by the Principal
- Parents' recent Income Tax Return of each parent or a Certificate of Non-Filing of Tax

- Original NSO Birth Certificate
- Original copy of recent up to three months of the Billing Statements of the following: phone / water / electricity / credit cards.
- Sealed Good Moral Character Certificate mentioning his rank in the graduating batch. It should be from any of the following: Principal, Prefect of Discipline, Guidance Counselor or Class Adviser
- Two pieces Passport Size Picture of the applicant (1.5 x 1.5 inches)

Please note that upon successful acceptance of the applicant, these documents will be considered as School Property

Basic Information:

Name: _____
(Last Name) (Given Name) (Middle Name)

Age: _____ Date of Birth: _____ Place of Birth: _____
(Month/ Day/ Year)

Date of Baptism: _____ Date of Confirmation: _____ No. of Brothers: _____ No. of Sisters: _____

Religion: _____ Nationality: _____ Languages Spoken: _____

Contact Information:

Permanent Address: _____
(This field should be COMPLETELY FILLED up using this order: Lot & Block No. / Barangay / Municipality or District / City or Province)

Email Address: _____ Mobile No(s): _____

Landline No(s): _____

Interests, Involvements and Achievements:

Academic Achievements and Awards: _____

Organizational Involvements and Affiliations: _____

Sports Interests and Other Hobbies: _____

Please rank the order of the factors below that greatly influence your decision to apply in Westbridge School. Use numbers 1 to 5 to designate relevance, signifying 1 being most and 5 least important.

___ Academic reputation of Westbridge School ___ Doctrinal & character formation ___ Proximity to present residence

___ Friendship with other parents Others, please specify: _____

Medical Information:

Concisely fill up this field with the relevant medical data

Existing congenital / in-born conditions: None Yes: _____

Prescribed medication(s): _____
(Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration)

Advised first aid treatment(s): _____

Allergies and asthma: None Yes: _____

Prescribed medication(s): _____
(Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration)

Advised first aid treatment(s): _____

Recent operations: None Yes: _____

Prescribed medication(s): _____
(Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration)

Advised first aid treatment(s): _____

Diagnosed psychological conditions (e.g. autism, ADHD, speech and learning disabilities): None Yes: _____

Prescribed medication(s): _____
(Indicate the following : Generic and Brand Name of Medicine / Dosage / Time and Frequency of Administration)

Advised first aid treatment(s): _____

Person to be notified in case of emergency: _____ Relationship with the child: _____

Home Address: _____ Office Address: _____

Contact No(s): _____

Family Information:

Mark the corresponding box with an X to all the applicable fields

Parents' Information:

Complete Date of Marriage: _____ Place of Marriage: _____
 Nature of Marriage: Church Legally Separated Divorced Civil Remarried Annulled
 Rite used during the marriage (e.g. Roman Catholic, Protestant, Muslim, etc.): _____
 All members of the family live together Parents have attended the following Educhild course(s): _____
 The work of the father or mother necessitate either being away from home for longer than one week per month because _____
 The parents make up for lost time with the children by: _____

Father's Information:

Father's Name: _____ Occupation: _____ Employer / Company: _____ Monthly Income _____
 Office / Work Address: _____ Nature of the Business: _____
 Highest Educational Attainment: _____ Mobile No(s): _____
 Email Address: _____ Landline No(s): _____
 Date of Birth: _____ Place of Birth: _____ Citizenship: _____
 Hobbies & Interests: _____ Religion: _____
 Educational Background: _____ Affiliations: _____

	School	Degree Earned	Organizations	Positions Held
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____

Mother's Information:

Mother's Maiden Name: _____ Occupation: _____ Employer / Company: _____ Monthly Income _____
 Office / Work Address: _____ Nature of the Business: _____
 Highest Educational Attainment: _____ Mobile No(s): _____
 Email Address: _____ Landline No(s): _____
 Date of Birth: _____ Place of Birth: _____ Citizenship: _____
 Hobbies & Interests: _____ Religion: _____
 Educational Background: _____ Affiliations: _____

	School	Degree Earned	Organizations	Positions Held
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____

Name of Siblings	Sex	Age	Studying	Working	School / Company	Monthly Salary or Annual Tuition Fee	Civil Status	No. of Children
_____	_____	_____	[]	[]	_____	_____	_____	_____
_____	_____	_____	[]	[]	_____	_____	_____	_____
_____	_____	_____	[]	[]	_____	_____	_____	_____
_____	_____	_____	[]	[]	_____	_____	_____	_____
_____	_____	_____	[]	[]	_____	_____	_____	_____

How did you come to know about Westbridge School? Mark the corresponding box with an X to all the applicable fields:

Marketing streamers, brochures, posters and flyers Referred by (List the people who convinced you to apply): _____
 Orientation(s) conducted by Westbridge _____
 In academic / sports groups or competitions _____
 Through the internet and the social media _____

Previous School's Information:

Fill up this field only when it is applicable to you

School's Name: _____ Address: _____
 Classification: Public Private-Sectarian Private Non-Sectarian
 Reason(s) for transfer: _____
 FAPE / PEAC Recipient: No Yes, with recipient no. _____ and previous school's ID no. _____

Assets:

House and lot, cars, appliances, precious metals, etc.

1. _____ 6. _____
 2. _____ 7. _____
 3. _____ 8. _____
 4. _____ 9. _____
 5. _____ 10. _____

Financial Obligations / Expenses:

List expenses with corresponding amount per month: food, loans, rental, electricity, , insurance, salary of helpers, etc.

Total Amount of expenses per month: _____

Applicant's Undertaking:

I hereby attest to the completeness and accuracy of all the information supplied in this form. I understand that withholding of information or giving false information will make me ineligible for admission, or may jeopardize my continued stay after admission has been granted.

Spot Map of Residence:

Please clearly sketch the location of your residence below, showing commonly known landmarks and streets.

Respectfully yours,

Applicant's Name and Signature

Parents' / Guardians' Name and Signature