

CGO-SAN JOSE, NUEVA ECIJA BACHELOR'S DEGREE SCHOLARSHIP PROGRAM

Nomination form

PASTE
1 ½" x 2"
(passport size)
Photo here

PERSONAL INFORMATION

Name:	Department:
Position:	Date of Birth:
Length of Service in the LGU :	Place of Birth:
Residence Address:	
Telephone/Cellphone Nos:	
	Level of Position: <input type="checkbox"/> 1 st Level
Agency Address:	<input type="checkbox"/> 2 nd Level (Executive Managerial)
Telephone/Cellphone Nos:	Email address:

HEAD OF OFFICE

Name:
Position:
Telephone / Cellphone Nos.:
Email address:

Additional Information about the Nominee

Were you a previous Recipient of Any scholarship grant from LGU ? <input type="checkbox"/> Yes <input type="checkbox"/> No What year: _____
Were you a previous Recipient of any scholarship grant from other Private Agency/Individual ? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify : _____

CERTIFICATION

We attest to all facts contained herein are true and correct, any misrepresentation herein may result to the disqualification of the nominee. We also authorize the use of these information for publication. We understand that LGU-San Jose City's Scholarship Program secretariat will validate the accuracy of the information contained in this form and grant our consent to the conduct of a background investigation.

This is to certify further, that the Nominee possesses a good moral standing and without administrative case filed against the nominee in this Office. With the attached documents (credentials), we prayed that the nominee will be given favorable consideration for the said program.

Printed Name Over Signature
NOMINEE

(Date of Signing)

Signature Over Printed Name
Head of the Office

(Date of Signing)