



Association of Deans of Philippine Colleges of Nursing Inc. (ADPCN Inc.)

137 Matahimik St., UP Village, Diliman, Quezon City

Telefax No. (02)-921-7466

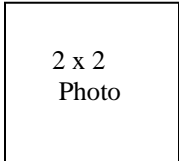
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Website: [www.adpcn.org](http://www.adpcn.org)

**APPLICATION FOR ADPCN SCHOLARSHIP GRANT**

**SCHOOL YEAR 2016-2017**



**A. PERSONAL INFORMATION** (Please Print)

Name : \_\_\_\_\_  
Family Name First Name Middle Name

Mailing Address: \_\_\_\_\_ Region : \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email address : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation : \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of School currently enrolled in: \_\_\_\_\_

School Address: \_\_\_\_\_ Region : \_\_\_\_\_

Name of Dean : \_\_\_\_\_ ADPCN membership No. \_\_\_\_\_

**B. AWARDS / CITATION / SCHOLARSHIP GRANT RECEIVED TO DATE**

Award (s) / Scholarship	Award Given by/ Sponsors	Benefits/ Grant Received

**C. PARTICIPATION IN LEADERSHIP AND OTHER CO-CURRICULAR ACTIVITIES**

Organization / Position	Projects/Activities Involved/ Accomplishments	Date

**D. PARTICIPATION IN COMMUNITY OUTREACH PROJECTS/ ACTIVITIES**

Organization / Position	Projects/Activities Involved/ Accomplishments	Date

**E. ENDORSEMENT BY THE DEAN OF THE COLLEGE OF NURSING**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature above Printed Name of the Dean*

**F. How will this ADPCN Scholarship Grant help you to become a future professional nurse?**

\_\_\_\_\_

\_\_\_\_\_

**Criteria:**

- Academic Performance (50 pts.) GWA : \_\_\_\_\_  
At least 2.0 and above or its equivalent percentage  
No grade lower than 2.0 or it equivalent in any subject  
(Attach Certification from the Registrar)
- Leadership ability (25 pts.) \_\_\_\_\_  
(Attach Evidences)
- Community service (25 pts.) \_\_\_\_\_  
(Attach Evidences)

**TOTAL Points. :** \_\_\_\_\_

This is to certify that all the information given above are true and correct.

\_\_\_\_\_  
Signature above Printed Name of the Applicant

\_\_\_\_\_  
Date Submitted