

!
!

**Alvarez Foundation Philippines Scholarship Program
Recommendation Form**

INSTRUCTIONS to the Applicant: Please fill out the entries on the first half of the form. Any one of the following (preferably

NAME OF APPLICANT				GENDER	
	LAST	FIRST	M.I.		

SCHOOLS APPLIED AND CHOICE OF PROGRAMS

SCHOOL 1: _____

FIRST CHOICE:
SECOND CHOICE:
THIRD CHOICE:

!
!

!

Dear Sir/Madam,

The student whose name appears above is applying for The Alvarez Foundation Philippines (AFP) College Scholarship Program.

May we request that you send your answers to us via email (scholarships@alvarezfoundation.org) with the following subject: AFPSP Application_University_Name of Applicant in the following format : Surname, First name, Middle Initial (i.e. AFPSP Application_DLSU_CruzMarkL). You may type the answers directly onto the body of the email or send a scanned copy of this form.

To help the Foundation evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible.

	YES	NO	I DONŐT KNOW
Is the applicant a recipient of financial assistance/scholarship in high school?			

Do you have enough information about the applicantŐs family to say that they will not be able to afford to send him/her to college without a scholarship?