

FAB CREATIVES

APPLICATION FOR FAB SCHOLARSHIP

Photo

Name of Program		Date of Application
Student Name (Surname, First Name, Middle Initial)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
Birthdate	Civil Status	Contact No.
Educational Attainment		
Name of School		
Name of Parent/Guardian's/Spouse		
Parent's/Guardian's/Spouse's Employment		
Have you attended any fashion studies or training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where? _____		
Employment, if any _____		
Name of Company _____		
It is understood that the Scholarship is subject to the policies, rules and regulations of FAB Creatives Inc. Failure to comply with the scholarship requirements will automatically forfeit the grant.		
Conforme:		
_____ Parent's/Guardian's Signature over Printed Name (if applicant is a minor, parent or guardian to sign)		_____ Applicant's Signature over Printed Name
Date:		Date:

DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY

Scholar No.

Interviewed by:

Signature over Printed Name

Date

Remarks/Justification

Recommended by:

Signature over Printed Name

Date

Approved by:

Jesus Emmanuel Lloren
President

Date

Recommendation for Approval:

- Supporting documents submitted, verified and complete
- Applicant is eligible for the grant/assistance

APPROVED ENTITLEMENT

- Full Scholarship
- Partial Scholarship
- Discounted Rate