



ACPAPP Foundation Inc.

FORM A

CPA Review Scholarship Program Applicant Information Sheet

1 Passport-sized photo
In white background

Family Name, First Name, Middle Name:

Complete Address:

Birthday:

Permanent Address:

Civil status:

Gender:

School:

Year graduated:

Father's name:

Father's occupation:

Mother's name:

Mother's occupation:

Annual Family Income:

Phone/mobile number:

Email Address:

With this application, I certify that I have met the necessary requirements and qualification to apply for a slot in the CPA Review Scholarship Program. I also certify that I have no existing scholarship program in whatever nature nor shall I apply for or receive any similar benefit during my scholarship tenure if granted. Further, all the information included in this application pack is true and accurate and the Scholarship Committee is free to conduct any such verification of this and other information related to my application.

I understand that admission to the program is competitive and there may be applicants exceeding the available slots. I shall respect the decision of the committee regarding the outcome of the evaluation and selection process. My application to this program is my own free will and I bind myself to the rules and regulations of the program and hold the scholarship committee and its representatives free from any liability or obligation for any matter arising from the CPA Review Scholarship Program.

Signature over printed name

Date

Attach required supporting documents



ACPAPP Foundation Inc.

FORM B

1 Passport-sized photo
In white background

CPA Review Scholarship Program
Certification of Scholarly Fitness

Name of Applicant:

Course/Year:

School:

Certified by:

Signature over Printed name
Dean of College

Date: _____



ACPAPP Foundation Inc.

FORM C

SUMMARY OF EVALUATION

I. General Weighted Average (40%)

1.00 – 1.25 (40 pts)	_____	
1.26 – 1.50 (36 pts)	_____	
1.51 – 1.75 (32 pts)	_____	
1.76 – 2.00 (28 pts)	_____	
2.01 – 2.25 (24 pts)	_____	
2.26 – 2.50 (22 pts)	_____	_____ (max 40 pts)

II. Leadership (6%)

Officer of an Organization (e.g. School accredited Organization/ Barangay Official, etc.) - 2pts each, maximum of 6 pts.

_____	_____	
_____	_____	
_____	_____	_____ (max 6pts)

III. Awards/ Recognition Received (14%) (2 pts each, maximum of 14 pts)

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	_____ (max 14 pts)

IV. Annual Family Income (20%)

5,000 – 50,000	(20 pts)	_____	
50,001 – 100,000	(18 pts)	_____	
100,001 – 150,000	(16 pts)	_____	
150,001 – 200,000	(14 pts)	_____	
200,001 – 300,000	(12 pts)	_____	
300,001 – 400,000	(10 pts)	_____	
400,000 and above	(8 pts)	_____	_____ (max 20 pts)

V. Interview (20 %)

_____ (max 20 pts)

TOTAL _____

Evaluated by:

Signature over printed name

Date