



AFPSLAI

SCHOLARSHIP AND EDUCATIONAL ASSISTANCE PROGRAM APPLICATION FORM FOR AY 2026-2027

(for AFPSLAI use only)

SAP

Exclusively for business-related courses only!

PHOTO / ID
(2x2)

A. PERSONAL BACKGROUND

NAME:			
_____			_____
(LAST NAME)		(FIRST NAME)	(MIDDLE NAME)
ADDRESS:			ZIP CODE:
DATE OF BIRTH:		PLACE OF BIRTH:	
TELEPHONE NO/s:	CELLPHONE NO/s:	EMAIL ADDRESS:	
CIVIL STATUS:	AGE:	GENDER:	FACEBOOK HANDLE:

B. ACADEMIC BACKGROUND

SCHOOL	ADDRESS	LEVEL	INCLUSIVE DATE/S

Incoming ____ year for AY 2026-2027

UNIVERSITY OR COLLEGE WHICH YOU HAVE APPLIED FOR ACCEPTANCE OR CURRENTLY ENROLLED AT

SCHOOL	ADDRESS	COURSE	ENTRY LEVEL	STATUS (APPLYING/ACCEPTED)

Course likely going to take or already taking: _____

For incoming 1st year college, which school are you most interested/likely to enroll in: _____

SCHOLARSHIP/S OR GRANT/S WITH OTHER INSTITUTIONS

INSTITUTION	BENEFITS & PRIVILEGES	STATUS (APPLYING/ACCEPTED)

C. FAMILY BACKGROUND

FATHER'S NAME: _____ <i>(LAST NAME)</i> <i>(FIRST NAME)</i> <i>(MIDDLE NAME)</i>		
ADDRESS: _____		ZIP CODE: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	
TELEPHONE NO/s: _____	CELLPHONE NO/s: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	POSITION/TITLE: _____	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>		IF DECEASED, CAUSE OF DEATH: _____

MOTHER'S NAME: _____ <i>(LAST NAME)</i> <i>(FIRST NAME)</i> <i>(MIDDLE NAME)</i>		
ADDRESS: _____		ZIP CODE: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	
TELEPHONE NO/s: _____	CELLPHONE NO/s: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	POSITION/TITLE: _____	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>		IF DECEASED, CAUSE OF DEATH: _____

NAME OF BROTHERS AND SISTERS	AGE	DATE OF BIRTH	PREVIOUS AFPSLAI SCHOLAR/GRANTEE (YES OR NO)

Use additional sheets, if necessary.

C. SPONSOR'S INFORMATION

SPONSOR'S NAME: _____ <i>(LAST NAME)</i> <i>(FIRST NAME)</i> <i>(MIDDLE NAME)</i>		
ADDRESS: _____		ZIP CODE: _____
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	
TELEPHONE NO/s: _____	CELLPHONE NO/s: _____	EMAIL ADDRESS: _____
OCCUPATION: _____	POSITION/TITLE: _____	
STATUS: <input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>		IF DECEASED, CAUSE OF DEATH: _____

BRANCH OF SERVICE			
<input type="checkbox"/> PNP	<input type="checkbox"/> BJMP	<input type="checkbox"/> BFP	<input type="checkbox"/> PCG
<input type="checkbox"/> PA	<input type="checkbox"/> PN	<input type="checkbox"/> PAF	<input type="checkbox"/> CIV
OTHERS _____			
STATUS			
<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> RETIRED	<input type="checkbox"/> DUE TO RETIRE
<input type="checkbox"/> KILLED-IN-ACTION	<input type="checkbox"/> KILLED IN THE LINE-OF-DUTY	<input type="checkbox"/> COMPLETE DISABILITY DISCHARGE	<input type="checkbox"/> OTHERS _____

THIS PART OF THE APPLICATION FORM SHALL BE FILLED OUT BY AN AFPSLAI PERSONNEL

DATE OF MEMBERSHIP: _____		PLACE OF TRANSACTION: _____	
CIF NO.: _____	MEMBER NO.: _____	CAPITAL CONTRIBUTION NO.: _____	
SAVINGS DEPOSIT ACCOUNT NO.: _____		PENSION ACCOUNT NO.: _____	
EXISTING LOAN WITH AFPSLAI:	<input type="checkbox"/> SALARY/PENSION LOAN	<input type="checkbox"/> EMERGENCY LOAN	<input type="checkbox"/> BACK-TO-BACK LOAN
	<input type="checkbox"/> MULTI-PURPOSE LOAN	<input type="checkbox"/> PERSONAL LOAN	<input type="checkbox"/> OTHERS (SPECIFY)

PLEASE ATTACH TO THIS FORM THE FOLLOWING REQUIREMENTS IN PROPER SEQUENCE:

APPLICANT's DOCUMENTS

1. Philippine Statistics Authority (PSA) certified Death Certificate of sponsor (if applicable).
2. Proof of latest and highest educational attainment such as report cards, true copy of grades (both term/semester) / transcript of records duly certified by the school principal/registrar.
3. For incoming first year students, copy of entrance examination result or certificate of acceptance from the school he/she is interested to enroll in.
4. For incoming second-year and third-year students, school/course grading system.
5. Certificate of Good Moral Character from most recent school/college and must be from the latest or current academic year attended.
6. PSA-certified Birth Certificate of applicant or in the absence thereof, certification from the Local Civil Registry regarding the loss, destruction or absence of registry records and affidavits of two (2) disinterested persons who have knowledge of such birth and parentage of the applicant.
7. Valid Police or NBI Clearance of the applicant (Barangay Clearance will not be allowed/accepted).

SPONSOR's DOCUMENTS

1. Latest payslip/Certificate of Pension (COP) and latest Income Tax Return (ITR) of the following:
 - a) if sponsor is PARENT, payslip/COP and ITR of both parents
 - b) if sponsor is SIBLING, payslip/COP and ITR of sponsor and both parents

Note: If both or one of the parents has no work or is not receiving any pension, a certificate from the local government or Notarized Affidavit confirming such status must be provided (Barangay Certificate and Certificate of Indigency will NOT be accepted in lieu of the Certificate of NO INCOME).

2. PSA-certified Certificate of No Marriage (CENOMAR) and Affidavit of No Child, if sponsor is sibling.
3. Marriage certificate of spouse (as applicable), if sponsor is former AFPSLAI regular member who is now deceased.

IMPORTANT:

- Applications with incomplete requirements will not be accepted; Otherwise, they will be automatically be disqualified.
- Photocopied requirements must be certified "TRUE COPY OF ORIGINAL" by the receiving branch personnel
- AFPSLAI reserves the right to change requirements for any reason at the option of the Association.
- The AFPSLAI Scholarship and Apprenticeship Program allows only one (1) grantee per sponsor/family.
- Submission of this Application does NOT guarantee a slot in the Scholarship and Apprenticeship Program. Filling up of slots shall be subject to existing policy.

We hereby certify that all information on this form and those attached are true to the best of my knowledge. Any misrepresentation/non-declaration of information shall mean outright disqualification from the Program.

I am agreeing to the AFPSLAI Privacy Notice pursuant to R.A. 10173 and hereby giving my consent to the collection and processing of my personal data necessary for this application.

APPLICANT'S SIGNATURE OVER
PRINTED NAME

DATE

SPONSOR'S SIGNATURE OVER
PRINTED NAME

DATE

LEFT THUMBMARK

RIGHT THUMBMARK

Please ensure that all the data you have provided are correct before submitting it to the branch, as any incomplete or missing information may result in the disqualification of the application. All fields are required, and it must be carefully reviewed and accurately filled out to enable us to obtain the necessary details and process the application efficiently.

LEFT THUMBMARK

RIGHT THUMBMARK