



PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGISTS (USA)
Northern California
pametnorcal@aol.com www.pametnorcal.org

APPLICATION FOR SCHOLARSHIP

The Scholarship Committee
PAMET Northern California

Date: _____

Dear Sir/Madam:

I, _____, hereby apply for the Scholarship award given by your organization.
I will graduate from: _____
_____ (name of your school) on _____.

Grade point average: _____ SAT scores: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Name: _____

College/University of Choice: _____

Course: _____ Major: _____

Thank you very much for considering me as a candidate for the award.

Sincerely,

Attested by: _____ (Principal)

QUALIFICATIONS: TO QUALIFY FOR THIS AWARD, THE STUDENT:

1. Must be children of active members of PAMET Northern CA for three consecutive years.
2. Must have a cumulative grade point average, GPA of at least 3.5.
3. Must submit an official transcript of records sent by the school.
4. Must submit an essay describing themselves and state their goals in college.
5. Must submit the application form to the committee no later than March 1st of the year of graduation.

Please send application form to : Leticia M. Acosta
20175 Northglen Square
Cupertino, CA 95014