



SOUTHWEST MARITIME SCHOLARSHIP PROGRAM

6TH FLOOR VIP BLDG. 1140, ROXAS BLVD., ERMITA, MANILA
LANDLINE: [02] 5265883 to 86 LOC 129/130 FAX: [02] 5243172

REMINDERS:

1. For applicants, please fill up the upper half portion only.
2. Give this form to any of the following to fill up the lower half portion:
 - a. High school teacher/adviser
 - b. High school principal
 - c. Guidance Counsellor
3. The person recommending you must return this form in a **sealed** envelope.
4. Submit the sealed envelope with the application form and required documents.

-----To be filled up by the applicant-----

Name of Applicant _____

Last

First

MI

Name of High School _____

Applying at Manuel S. Enverga University Foundation for the degree of:

Maritime Studies

-----To be filled up by HS Teacher/Adviser, HS Principal or Guidance Counsellor-----

Dear Sir/Madam,

The student whose name appears above is applying for the Southwest Maritime Scholarship Program. To help the scholarship committee evaluate the qualifications of the applicant, kindly answer the questions below as sincerely as possible. Rest be assured that this document shall be highly confidential.

Yours truly,

Mr. Rayron C. Castro
Project Coordinator

Is the applicant a recipient of financial assistance/scholarship in high school? _____

Do you have enough information about the applicant to say that his family will not be able to support his studies at Manuel S. Enverga University Foundation? _____

Will the applicant's family be able to send him to MSEUF even without scholarship? _____

Is he capable enough to cope up with the work load of tertiary education? _____

Does he belong to the top ten percent of the graduating batch? _____

Is he a candidate for and honor/award/distinction? _____ if yes, what? _____

Please use the portion below to write any comments/further recommendations about the applicant's financial capability and scholastic record:

I _____ Strongly recommend the applicant for your scholarship program

_____ Recommend

_____ Do not recommend

_____ Date

_____ Signature Over Printed Name
(Not valid without dry seal)

_____ Position

IMPORTANT: Upon accomplishing this form, place a dry seal on your signature and kindly seal it in a white envelope. Sign the envelope's flap and place a transparent tape over it and return the recommendation form to the applicant.