

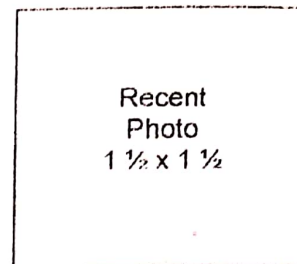


PSBank
PHILIPPINE SAVINGS BANK
Metrobank Group



PSBank and Chiang Kai Shek College
PSBank Education Assistance Program

Application Form



Date Filed _____

Personal Information

Name _____ Sex : _____
 (Last) (First) (Middle)
 Chinese Name : _____ Age : _____
 Address : _____
 Tel. No. : _____ Citizenship : _____ Date of Birth : _____
 Father's Name : _____ Mother's Name : _____
 Occupation : _____ Occupation : _____
 Annual Income : _____ Annual Income : _____

Educational Information

General Average

English Curriculum : _____ Degree / Course : _____
 Chinese Curriculum : _____ Year / Level : _____

Any scholarship grant or financial assistance specifically for educational purposes that are currently enjoyed, if any:

- Yes, Please identify source and amount : _____
- No.

I / We hereby affirm the foregoing statements and consent to the best of my / our knowledge.

Signature of Father / Mother or Guardian
(Signature over printed name)

Signature of Applicant
(Signature over printed name)

Recommending Approval:

Program Head
(Signature over printed name)

Date: _____

Vice President
(Signature over printed name)

Date: _____