



# INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

4<sup>th</sup> Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: [admin@icfhi.com](mailto:admin@icfhi.com) / Website: <https://www.icfhi.com>

Cellphone number: +639059454511 / Landline number: +63284206770

## ICFHI-FE DEL MUNDO SCHOLARSHIP PROGRAM FORM

### APPLICANT'S PERSONAL INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Date of birth: \_\_\_\_\_

Classification: \_\_\_ 1<sup>st</sup> year 1<sup>st</sup> sem \_\_\_ 1<sup>st</sup> year 2<sup>nd</sup> sem  
\_\_\_ 2<sup>nd</sup> year 1<sup>st</sup> sem \_\_\_ 2<sup>nd</sup> year 2<sup>nd</sup> sem

### PERMANENT HOME ADDRESS:

\_\_\_\_\_

Email address: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

### FINANCIAL INFORMATION:

Are you receiving other financial aid or support for the upcoming academic year?

Have you applied for other scholarships? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No Full or part-time? \_\_\_\_\_

If employed, where:

\_\_\_\_\_

### ACADEMIC INFORMATION:

List all schools, colleges, and universities attended, including current:

#### Name of School

#### Location

#### Dates Attended

NAME OF SCHOOL	LOCATION	DATES ATTENDED



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### **AGREEMENT AND TERMS OF ICFHI – FE DEL MUNDO SCHOLARSHIP PROGRAM:**

The ICFHI-Fe del Mundo Scholarship Program may request additional information, including a personal interview, to decide on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award.

If I am selected for this scholarship, I agree to provide a copy of my official transcript at the end of each semester.

I understand that scholarship funds may only be applied to offset financial obligations that I have incurred or reasonably expect to incur for tuition. I further understand that if I receive a scholarship and accept the award, a check for my education will be paid directly to the school. I know that I must submit documentation of other educational expenses, which, upon approval, will be reimbursed directly to me. I understand that I am responsible for any tax liability incurred because of this award.

As part of my gratitude, I am willing to render a return of service to the Institute corresponding to the number of years of scholarship availed after graduation. The nature of service will depend on the decision of the Board of Trustees. Failure to render such service shall entail payment of fees equivalent to the two years' educational fees for a Master in Public Health.

I certify that the statements that I have provided on this application are true and correct and are given for obtaining the scholarship. I authorize you to verify the statements herein and understand that the committee will confidently hold all personal information in this application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For questions or additional information, please contact Dr. Elsie Lynn Baronia-Locson at [dean@icfhi.com](mailto:dean@icfhi.com)**

## **ICFHI-FE DEL MUNDO SCHOLARSHIP PROGRAM**

### **Scholarship Program Criteria**

The ICFHI has previously offered scholarships sponsored by other agencies; however, we will offer the ICFHI-FE DEL MUNDO scholarship to eligible candidates this year for the first time. An individual can apply for the scholarship for the entire duration of the Master in Public Health, which is two years. The scholarship will include the tuition fees, all other fees excluded.

### **Eligibility Requirements**

- Graduate of any related course



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- Filipino citizen and must be a permanent resident of the Philippines
- No failing grades in college
- Has at least two years of background/experience related to public health or any related field
- Demonstrates leadership abilities through participation in community service, extracurricular or other volunteer activities

### Instructions for Completing Scholarship Application

Please complete the application by typing or printing legibly. Only completed and signed applications will be considered. Please submit the following items with this completed application form.

1. Copy of most recent transcript of grades from current or last school attended. An official transcript of records from the school is required on or before one month before the start of the semester.
2. Three original letters of recommendation from individuals unrelated to the applicant. (faculty/current immediate head/and one who should reflect the applicant's interest in Public Health). All must be in original form, signed, and addressed to the Scholarship Selection Committee and/or Board of Trustees.
3. On a separate sheet of paper, the applicant must prepare a personal statement, not to exceed 1,500 words, indicating interest in and commitment to Public Health, examples of involvement in the community, career goals, any other information on significant financial difficulties the applicant is experiencing, and why he/she feels that he/she should be selected to receive the scholarship.
4. Provide proof of citizenship

### Mandatory return of service to ICFHI

Each student awarded the scholarship will render the number of years of service to the Institute equivalent to the duration of the scholarship. The nature of service will depend on the decision of the Board of Trustees.

### Acceptance

The Board of Trustees decides acceptance based on the qualifications of the applicants.