



Local Economic Development and  
Promotion Center, Iloilo Province



Iloilo Federation for Information  
Technology

### TRAINING FOR WORK SCHOLARSHIP APPLICATION FORM

#### FROM A - PERSONAL INFORMATION

Instruction: Write clearly in the box provided or check the box for the appropriate answer.  
Avoid any erasures. PLEASE ANSWER ALL ITEMS.

1. Name of Applicant
2. Sex  Male  Female
3. Date of Birth
4. Mobile Number
5. Email Address
6. Permanent Address
7. Course/Track Graduated
8. Year Graduated
9. School

#### FORM B - FAMILY SOCIO ECONOMIC INFORMATION

10. Number of Family Gainfully Employed
11. Gross Annual Income

#### FORM C – CONSENT AND COMMITMENT

This is to certify that the undersigned agrees to be trained at the accredited training center of the Province and IFIT for 10-days and is willing to be employed, if she/he passed all the requirements of a BPO Company.

Noted by:

\_\_\_\_\_  
Printed Name & Signature of  
Parent

\_\_\_\_\_  
Printed Name & Signature of  
Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Final instruction: Take a picture of this document. To submit please email the picture document to [info@iloilofit.org](mailto:info@iloilofit.org)