



Bachelor in Tourism Management Scholarship Application Form

(Scholarship covers 2-year Tuition Only)

PERSONAL DATA:

1. FULL NAME:	Mr.	Mrs.	Miss

	First	Middle	Last
2. DATE OF BIRTH:	DD _____	MM _____	YR _____
4. HOME ADDRESS:	_____		
3. EMAIL:	_____		
4. CONTACT NUMBER(S):	(H) _____	(C) _____	(W) _____
5. PERSON TO CONTACT IN CASE OF EMERGENCY:			
	Name: _____		
	Address: _____		
	Contact Number(s): _____		
	Relationship to you: _____		

ACADEMIC & PROFESSIONAL DATA:

6. Please list the institutions attended (Start with the most recent).		
Name of institution	Course taken	Year completed
7. Please list certificates or awards received		
Name	Year Received	



Bachelor in Tourism Management Scholarship Recommendation Form

Recommender Information

Name: _____ Email: _____

Phone: _____ Position: _____

Name of organization: _____

1. How long have you known the applicant and in what capacity?

2. What are your general comments of the applicant's overall performance? Please identify academic or work related problems which needed attention in the applicant's personal development.

3. Why would you recommend this person as a candidate for the Scholarship?

Please give us your appraisal of the applicant in terms of the qualities listed below.

Skills and Attributes	Strength	Acceptable	Weakness
Acceptance of responsibility	[]	[]	[]
Open to learning and self-improvement	[]	[]	[]
Ability to make assertive decisions	[]	[]	[]
Ability to follow rules, instructions and policies	[]	[]	[]
Creativity & Ability to take the initiative	[]	[]	[]
Attendance and Punctuality	[]	[]	[]
Technical competence	[]	[]	[]
Self confidence	[]	[]	[]
Ability to work with others	[]	[]	[]
Communication Skills (Verbal & Written)	[]	[]	[]
Organization and planning	[]	[]	[]
Problem Solving	[]	[]	[]
Dependability	[]	[]	[]
Good judgement and integrity	[]	[]	[]
Good listener	[]	[]	[]
Ability to learn	[]	[]	[]

In summary, I (Please check one.)

- strongly recommend
 recommend
 recommend with some reservations
 do not recommend

Signature of Recommender:	Date:
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