

Application for the Charitan Foundation Offer

Instructions for filling out the form

- a. Do not leave blank any question that applies to you
- b. Enter N/A to any question that does not apply to you
- c. Please, complete the form with either black or blue ink, and make your handwriting legible and clean enough to be readable.
- d. Please, email legible and neatly scanned copies of the completed CFN application form and all the supporting documents that apply to you to cfn@charitanmissionaries.org. You may also submit the hard copy of the completed application form and all the supporting documents in person at the nearest CFN office.
- e. If you need more than the space provided in this form for your siblings' information, please, use a separate clean paper to enter the missing information and attach the extra sheet to this application.
- f. Anyone who intentionally provides false information in this application form will be denied of the sought offer whenever his forgery is discovered. So, be sure all the information you provide in this form is true to the best of your knowledge. Honesty is a virtue that everyone should strive to cultivate.

I. PERSONAL INFORMATION:

Full Name: _____

Date of Birth: _____ Age: _____

Place of Origin: (village): _____

Home Town/Community: _____

Local Government: _____

State of Origin: _____

Country of Origin: _____

Residential Address: _____

Email Address: _____

Mobile Phone Number: _____

II. EDUCATIONAL BACKGROUND:

Secondary School Attended (or attending): _____

Admission Year: (____); Graduation (or Expected Graduation) Year: (____)

Certificate Obtained (or to be obtained): _____

Post-Secondary School Attended (or attending): _____

Admission Year: (____); Graduation (or Expected Graduation) Year: (____)

Certificate Obtained (or to be obtained): _____

How would you rate your intellectual capability?

(tick one): Below Average (); Average (); Above Average ()

III. REQUEST INFORMATION:

Offer Being Sought: _____

If scholarship, in what capacity (full or part)? _____

If scholarship, what level of school are you seeking the offer for? Kindergarten ();
Elementary (); Secondary (); University (); Polytechnic (); College of
Education (); Other (specify): _____

If the level for which you seek scholarship is post-secondary, state your course of interest:
_____ and the year you
plan to start school: _____

If vocational training, which one? 1st choice (____);
2nd choice (____); 3rd choice (____)

If business establishment, which one? 1st choice (____);
2nd choice (____); 3rd choice (____)

Reason for seeking the offer (give full details): _____

If, with the help of God, you are granted the offer you are seeking from the CFN, and, through this offer, you become a successful man/woman in future, how would you be of help to your community/home town/state/country?_____

IV. FAMILY INFORMATION:

Father's Name: _____

Father's Occupation: _____

Father still living? Yes (); No ()

Mother's Name: _____

Mother's Occupation: _____

Mother still living? Yes (); No ()

Parent's marital status: Living together (); Divorced; (); Separated ()

How many siblings do you have? _____

How many brothers? _____

How many sisters? _____

What is your position in the family: _____

List the names, occupations, marital status, business/job locations of all your siblings

Sibling 1 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 2 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 3 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 4 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 5 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 6 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 7 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

Sibling 8 (Name): _____

Gender: _____

Occupation: _____

Marital Status: _____

Place of Residence: _____

Mobile Phone Number: _____

Number of children (if married): _____

V. RELIGIOUS BACKGROUND:

Your Religion: _____

Your Denomination: _____

Home Parish (or church): _____

Home Parish (or church) Address: _____

Name of Parish Priest (or pastor): _____

Parish priest's (or pastor's) email address: _____

Parish priest's (or pastor's) phone number: _____

What activities or pious societies are you known for in your parish (or church)? _____

If you have no religious or denominational affiliations, provide the following information about a man or a woman of high moral reputation in your community:

Name: _____

Gender: _____

Residential Address: _____

Email Address: _____

Mobile Phone Number: _____

Describe your relationship with the man/woman: _____

What moral virtues distinguish the man/woman from others? _____

VI. DECLARATION:

I, _____, on this day of _____, 20_____, declare that all the written information I have provided in this application form are true to the best of my knowledge; I also declare that all the verbal information I have provided or will provide regarding this application is true to the best of my knowledge. I am aware that, at any point in this application process, or even after I have been granted the offer I am seeking, if I am discovered to have given any false information about myself or anybody/anything pertaining to this application, my application will be rejected and all offers already granted to me will be revoked. My signature below testifies that I understand in its entirety all the steps I am undertaking, the rules and regulations, and the policy guiding the CFN offer.

Applicant's Signature

Today's Date

Note: Included in the application package is a “**Document Check List.**” Please, check “**X**” under “**Available**” if the document is enclosed in the application package that you will return to us; and “**N/A**” under “**Not Applicable (N/A)**” if the document does not apply to you.

Document Check List

Documents	Available	Not Applicable (N/A)
Completed CFN Application Form		
Photocopies of all previous educational certificates		
Result Sheets		
Recommendation letter from your parish priest/pastor/religious leader		
A photocopy of your baptismal testimonial (if you are baptized)		
A photocopy of your birth certificate (if you are unbaptized or nonreligious)		
A photocopy of your National Identification Card		
A letter of identification from your local community leader/chief		
A letter of recommendation from a man/woman of high moral reputation in your community		