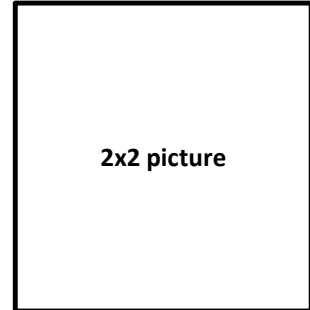




INTERNATIONAL MARITIME EMPLOYERS' COUNCIL LTD.

SCHOLARSHIP PROGRAM APPLICATION FORM BASIC INFORMATION SHEET



Name _____

Age: _____

Gender _____

Civil Status: _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Preferred Course *BSMT*

BSMARE

Contact # *Home:* _____

Citizenship: _____

Mobile _____

Religion _____

Email Add: _____

Height: _____

Weight: _____

BMI: _____

Family *Mother* _____ *Occupation* _____

Father _____ *Occupation* _____

Number of Siblings _____

Educational Background	Year attended
Elementary _____	_____
HighSchool _____	_____
Senior Highschool _____	_____
College _____	_____

Requirements: *With General Weighted Average (GWA) of 83%*
With Minimum height of 5'3" for male and 5'1" for female
Photo copy of Transcript of records /Copy of grades/ Highschool card
Must be 17 - 24 years old for BSMT or BSMARE

Applicants Signature