

**DECLARATION OF INTENT TO APPLY FOR SILKA SCHOLARSHIP PROGRAM**

I, \_\_\_\_\_, \_\_\_\_\_ years old, with address at  
(FULL NAME of APPLICANT) (AGE)

\_\_\_\_\_ Philippines, of my own volition,  
(COMPLETE ADDRESS)

am applying to be a SILKA ALAGA SCHOLAR for the School Year 2022-2023.

\_\_\_\_\_  
Signature of Applicant Over Printed Name

Date:

\_\_\_\_\_  
Signature of Parent / Guardian Over Printed Name  
*(\*Required only if Applicant is MINOR or Below 18 Years Old)*

Date: