

I/We certify that all answers and information contained herein are true and accurate to the best of my/our knowledge and understanding. Any falsification of data/information provided by me/us will make this application null and void. I/We authorize PLDT-SMART Foundation to conduct verification and investigation of the said information to ascertain the reality of the information provided herein. Finally, I/We understand that this application does not constitute automatic entitlement to the educational grant. However, should this application receive the educational grant, I/We will abide with the current and future terms and conditions governing the MVP Academic Excellence Awards and understand that the continuation of the said awards are subject to the availability of funds and fulfillment of the said requirements.

Name & Signature of Dependent

Signature of Employee Over Printed Name

Date Signed : _____

Received by PSF/Date

Do not write – for PSF Use Only

Recommendations:

After evaluation of the submitted documents and data by the employee and nominee, indicate your recommendation by ticking one of the boxes below:

- highly recommended to receive an educational grant
- not recommended due to:

Reason: _____

- deferred recommendation; an ocular inspection and investigation must be done

Evaluated By: PLDT HR (Printed Name & Signature)	Date:
Approved By: PSF (Printed Name & Signature)	Date: