



**PLDT-Smart Foundation, Inc.
Employees Educational Grant (EEG)
Application form**

2 x 2 id photo
of nominee

Name of Employee _____ ID# _____
Last First Middle

Residence Address _____

Position _____ Division/Center _____

Job Level _____ Date Hired _____ Contact No. _____

No. of Children _____

Name of Dependent _____

Date of Birth _____ Age _____ Gender _____

Name of the School _____

School Address _____

Current Grade/Year Level _____ General Average (for the last school year attended) _____

Awards/Honors/Citations Received	Year
_____	_____
_____	_____
_____	_____
_____	_____

School Organizations/Community/Church/Clubs Affiliation	Position
_____	_____
_____	_____
_____	_____
_____	_____

ACADEMIC PERFORMANCE			
Indicate your final grades and the average from the previous year/level of your studies			
Subjects	Final Grade	Subjects	Final Grade
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	
Average or WGA			

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 and 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 PLDT-Smart Foundation Employees Educational Grant 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 PLDT and PLDT-Smart 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 a P 20,000 grant
- not recommended due to:

Reason:

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

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