



13. EDUCATIONAL BACKGROUND

EDUCATION LEVEL	NAME OF SCHOOL / CITY ADDRESS	YEAR GRADUATED	HIGHEST HONORS RECEIVED	EXTRA CURRICULAR ACTIVITIES / HIGHEST POSITION HELD
ELEMENTARY				
HIGH SCHOOL				
COLLEGE				

14. FAMILY BACKGROUND

	MOTHER	FATHER	GUARDIAN
*LAST NAME			
*FIRST NAME			
*MIDDLE NAME			
CIVIL STATUS			
CITIZENSHIP			
*HOME ADDRESS			
*POSTAL CODE			
*MOBILE NUMBER			
*HOME PHONE NUMBER			
EMAIL ADDRESS			
EMPLOYER			
OCCUPATION			

\* These are required fields

BROTHERS and SISTERS (Please list from eldest to youngest)

NAME	AGE	WORKING?		GRADUATE OR CURRENTLY ENROLLED IN APC?		IF NO, INDICATE WHAT SCHOOL / COLLEGE / UNIVERSITY
		YES	NO	YES	NO	

15. **SCHOLARSHIP AND FINANCIAL ASSISTANCE** Are you applying for an academic scholarship / financial assistance?  YES  NO  
 IF YES, PLEASE SPECIFY TYPE OF PROGRAM. \_\_\_\_\_

16. **ARE YOU A MEMBER OF A FRATERNITY OR SORORITY?**  YES  NO

17. **HOW DID YOU LEARN ABOUT APC?** (YOU MAY CHOOSE 1 OR 2)

APC WEBSITE   
  FLYERS / BROCHURES   
  CAREER FAIR   
  APC INDUSTRY PARTNERS   
  REFERRAL  
 APC FACEBOOK   
  BILLBOARDS / BANNERS   
  CAREER TALK   
  BOOTH EXHIBIT / MALL TOURS   
  OTHERS  
 APC TWITTER   
  NEWSPAPERS   
  EMAIL INQUIRY   
  TELEPHONE INQUIRY   
 Please specify: \_\_\_\_\_

18. STATEMENT OF DATA INTEGRITY & CONSENT

I/We understand and agree that APC needs to gather and use my/our personal data. I/We hereby authorize Asia Pacific College to record, process, retain, disclose or dispose my personal data or any information derived from it. Further, I give my consent that my personal data may be used by the College to communicate with me, through telephone, text messaging, email, social media, or any other way, regarding notifications, services or offers.

I/We hereby certify that my personal data or any information provided in this application are correct.

I/We are aware that any misrepresentation or omission of facts in my application, may justify denial of admission or withdrawal from any academic program.

By signing this application form, I acknowledge the responsibility for the authenticity of information provided.

\_\_\_\_\_

SIGNATURE OF STUDENT OVER PRINTED NAME

\_\_\_\_\_

SIGNATURE OF PARENT / GUARDIAN OVER PRINTED NAME

APC RESERVES THE RIGHT TO ACCEPT OR REFUSE APPLICANTS TO THE COLLEGE.

ADMISSIONS OFFICE

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