



BUHAY ANG PANGARAP AWARDS

Honor & Empower those who Lift People

aljayBPAwards@gmail.com www.facebook.com/aljaybpa/



APPLICATION FORM

INSTRUCTIONS:

1. Accomplish this form in one (1) copy
2. Type or print all entries in BLOCK or CAPITAL LETTERS
3. Put a check (✓) on the required field

GENERAL CRITERIA:

- Uniqueness of the advocacy
- Impact in the society (beneficiaries)
- Must be a Filipino citizen. (If citizen by naturalization and election, show supporting documents)
- Not connected with any government agencies
- Performing charity works for two (2) consecutive years

CATEGORY

INDIVIDUAL FAMILY GROUP

Name of Nominator: _____
(If Nominated) *Last Name* *Given Name* *Middle Name*

PERSONAL INFORMATION

Name of Applicant: _____
Last Name *Given Name* *Middle Name*

Present Address: _____
Street *Barangay* *City* *Province*

Birthday: _____ Gender: Female Male
mm/dd/yy

Contact No.: _____ Email Address: _____

Educational Background:

SCHOOL NAME	LOCATION	YEAR ATTENDED	DEGREE RECEIVED

ACTIVITIES CONDUCTED

Name of Charitable Activity: _____

Beneficiaries: _____ Place/s of the Activity: _____

No. of years conducting: _____



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STORY/DESCRIPTION OF THE ACTIVITY

REQUIREMENTS:

*Attach supporting documents, pictures, videos as a proof of your activity.

OTHER PERSONAL DOCUMENTS NEEDED:

- *Birth Certificate
- *Valid IDs
- *Marriage Contract (if married)

I do hereby that the above information given are correct as to the best of my knowledge.

Signature over printed name

Date Signed