



**PHILIPPINE SPORTS COMMISSION**

**Philippine Sports Institute**

Email: [pscpsisportsed@gmail.com](mailto:pscpsisportsed@gmail.com)

Website: <https://psc.gov.ph>

Contact Number: (632) 8637-2099



**SPORTSKUWELA PROGRAM APPLICATION FORM**

Answer all items in **BLOCK** or **CAPITAL** letters only. Use **BLACK INK** only.

**Course of Choice:**

- ( ) Diploma in Sports Management
- ( ) Certificate in Sports Management
- ( ) Certificate in PE and Sports Coaching
- ( ) Certificate in Sports Coaching

**Course Batch of Choice:**

- ( ) Batch 1
- ( ) Batch 2

Staple a recent 2" x 2" photo after write your full name on the back of photo

**Personal Information:**

Family Name	Given Name	Middle Name
Citizenship: _____	Gender: ( ) Male	Civil Status: ( ) Single
Birthdate: _____ (MM/DD/YY)	( ) Female	( ) Married
		( ) Widowed
		( ) Separated
Current Address: _____		
Permanent Address: _____		
Home Tel. No.: _____		
Mobile No.: _____		
Email Address: _____		
Employer's Name: _____		
Employer's Address: _____		
Office Tel. No.: _____		

**Educational Attainment:**

Degree/s Completed	Inclusive Dates	College/University
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Academic Awards and Scholarships Received:**

Award/Scholarship	Date Conferred	Institution Conferring Award/Scholarship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employment History (use separate sheet if necessary):**

Position/Designation	Inclusive Dates	Company/Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Most Recent Involvement in Sports Programs/Projects (use separate sheet if necessary):**

Position/Designation	Inclusive Dates	Program/Project and Organizer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional and Civil Service Examinations Taken:**

Title of Examination	Rating/Score	Date and Place of Examination
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References:**

List down names and addresses of three people (e.g. former or current employers, supervisors, and professors) whom you have asked to provide recommendation letters for the program. Each letter should be in a sealed envelope signed by the recommending person. The applicant is responsible for securing his/her recommendation letters for prompt submission.

Name	Title/Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I hereby certify that the information provided in this form is true to the best of my knowledge. It is understood that upon admission into the PSC SportSkuwela Program, I shall be governed by existing rules and regulations of the Philippine Sports Institute and the Philippine Sports Commission.*

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

This application shall not be acted upon unless all documentary requirements for admission are submitted to the Philippine Sports Commission-Philippine Sports Institute (PSC-PSI), 4<sup>th</sup> Floor, Building A, PSC-PhilSports Complex, Meralco Avenue, Pasig City.