



IPLOCA Member Company Declaration Form

To be completed by the IPLOCA Member Company

We, the undersigned, declare that we are an active member of IPLOCA and hereby endorse the scholarship application submitted by:

Candidate's Full Name: _____

The candidate is applying for the IPLOCA Scholarship and is the child or grandchild of one of our full-time or part-time employees.

(Eligible children are defined as biological, step-, or adopted children living in the employee's household or primarily supported by the employee.)

Employee's Name: _____

Employee's Position/Title: _____

We confirm that the above candidate is eligible under the IPLOCA Scholarship Programme criteria and hereby declare our full support for their application.

Declaration:

We hereby affirm that the information provided in this declaration form is accurate to the best of our knowledge. We acknowledge our commitment to providing any further clarification or supporting documentation, if required, by the IPLOCA Scholarship Committee.

Authorized Signature

An HR manager in the company who can verify employment and provide confirmation of the candidate's eligibility for the IPLOCA Scholarship.

- **Company Name:** _____
- **Representative Name:** _____
- **Position/Title:** _____
- **Contact Email:** _____
- **Contact Phone Number:** _____
- **Date:** _____
- **Signature:** _____
- **Company Stamp (if applicable):**