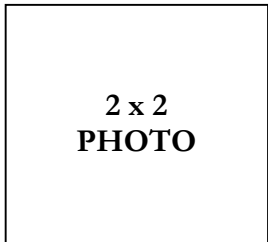




**CATHOLIC EDUCATIONAL
ASSOCIATION OF THE PHILIPPINES**

**SOCIETY FOR THE ADVANCEMENT OF CATHOLIC
RELIGIOUS EDUCATION (SACRED)**



APPLICATION FORM

NAME: _____ **NICKNAME:** _____

EMAIL ADDRESS: _____ **BIRTHDAY:** _____

MAILING ADDRESS: _____

CONTACT NUMBERS

Landline: _____ **Fax:** _____ **Mobile:** _____

NAME OF SCHOOL (EMPLOYER): _____

SCHOOL ADDRESS: _____

School's 15-digit CEAP ID Number: _____ **REGION:** _____

DESIGNATION (please check applicable titles):

- Religious Education Coordinator / Faculty
- Social Action Director / Staff
- Campus Ministry Director/ Staff
- Others (Specify) _____

If Religious Education Faculty, please indicate:

<i>Subject/s taught</i>	<i>Grade/Year Level</i>

EDUCATIONAL ATTAINMENT:

DEGREE/S EARNED	SCHOOL

Date: _____

Signature:



REQUIREMENTS for MEMBERSHIP:

1. Duly filled-out application form
2. Diploma or Transcript of Records (proof of Religious Education degree)
3. Certificate of Employment for the present school year in a CEAP member-school
4. 2X2 ID picture
5. Application Fee: Php 500.00

To be filled out by Screening Committee:

- 1. Application form
- 2. Diploma or Transcript
- 3. Certificate of Employment
- 4. 2X2 ID picture
- 5. Proof of payment (receipt)

Screened by:

Signature over printed name