

## PCS APPLICATION FORM

## ACADEMIC SCHOLARSHIP

FIRST SEMESTER | S.Y. 2024-2025



Affiliations	NEW - REGULAR	Type of ID	SCHOOL ID	ID Number	21-00042	GWA	1.45%
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### APPLICANT'S PERSONAL INFORMATION

Last Name <b>RAMOS</b>		Gender <b>FEMALE</b>	Place of Birth <b>QUIAPO MANILA</b>	Religion <b>CATHOLIC</b>
First Name <b>JENNYLYN ANNE</b>		Date of Birth <b>JUNE 18, 2001</b>	Age <b>23</b>	Civil Status <b>SINGLE</b>
Middle Name <b>OBIS</b>		Landline Number <b>N/A</b>		
Mobile Number <b>09666623720</b>			Email Address <b>ramosjennylyn12@gmail.com</b>	

**HOME ADDRESS**

Unit Number N/A	House Number 143 A.	Street Name/ Subdivision DR. PILAPIL ST.	Barangay SAN MIGUEL
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**CURRENT SCHOOL INFORMATION**

<b>Complete Name of School</b> <b>PAMANTASAN NG LUNGSOD NG PASIG</b>			<b>School Location</b> <b>PASIG CITY</b>	<b>School Type</b> <b>PUBLIC</b>
<b>Academic Grade / Level</b> <b>COLLEGE – FOURTH YEAR</b>	<b>Course (for Senior High School and College only)</b> <b>BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY</b>	<b>If Graduating, (Expected Date of Graduation)</b> <b>N/A</b>		

### FAMILY INFORMATION

RELATION	NAME	OCCUPATION	MONTHLY INCOME
Father	MANOLITO O. RAMOS	NONE - DECEASED	P N/A
Mother	ERNINA O. RAMOS	NONE - DECEASED	P N/A
Guardian, as applicable	MARK LOUIE C. OBIS	LALAMOVE RIDER	P 10,000

If Self-Supporting Student: <b>P N/A</b>	COMBINED MONTHLY INCOME	<b>P 10,000</b>
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### EDUCATIONAL BACKGROUND

LEVEL	COMPLETE NAME OF SCHOOL	INCLUSIVE YEARS	HONORS & AWARDS
Elementary	SAN MIGUEL ELEMENTARY SCHOOL	2008-2014	N/A
Junior High	RIZAL HIGH SCHOOL	2014-2018	N/A
Senior High	RIZAL HIGH SCHOOL	2018-2020	WITH HONORS
Tertiary	PAMANTASAN NG LUNGSOD NG PASIG	2021-PRESENT	N/A

**MODE OF RECEIPT OF LATEST SCHOLAR ALLOWANCE**

	N/A
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CASH CARD ACCOUNT NUMBER: N/A

## CONSENT AGREEMENT

I, MARK LOUIE C. OBIS (PCS applicant or legal guardian), a PCS applicant / acting as legal guardian of JENNYLYN ANNE O. RAMOS (name of the PCS applicant) who is currently applying for admission to the Pasig City Scholarship Program, am giving my consent for the PCS Office to collect and process our personal data in relation to the purpose of admission as PCS Scholar.

## ACCEPTANCE OF TERMS

We affirm that the facts herein provided are true and correct as of the date hereof. We hereby authorize the Pasig City Scholars Office and its authorized representatives to verify the information submitted. We understand that if awarded the benefits under the PCS, any false statement, omissions, or misrepresentation made in this application form may result in the immediate withdrawal of the scholarship grant.

JENNYLYN ANNE O. RAMOS

**Signature of Applicant over Printed Name**

Date Signed: 01 SEPTEMBER 2024

MARK LOUIE C. OBIS

**Signature of Parent/ Guardian over Printed Name**

Date Signed: 01 SEPTEMBER 2024