



PASIG CITY  
EDUCATION  
DEPARTMENT

PCS APPLICATION FORM  
ACADEMIC SCHOLARSHIP

FIRST SEMESTER | S.Y. 2024-2025

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Photo

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

HOME ADDRESS			
Unit Number N/A	House Number 143 A.	Street Name/ Subdivision DR. PILAPIL ST.	Barangay SAN MIGUEL

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

FAMILY INFORMATION			
RELATION	NAME	OCCUPATION	MONTHLY INCOME
Father	MANOLITO O. RAMOS	NONE - DECEASED	₱ N/A
Mother	ERNINA O. RAMOS	NONE - DECEASED	₱ N/A
Guardian, as applicable	MARK LOUIE C. OBIS	LALAMOVE RIDER	₱ 10,000
If Self-Supporting Student: ₱ N/A		COMBINED MONTHLY INCOME	₱ 10,000

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

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

