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| **Aﬃliations**  **NEW - REGULAR** | **Type of ID**  **SCHOOL ID** | **ID Number**  **21-00042** | **GWA**  **1.45%** |

# APPLICANT’S PERSONAL INFORMATION

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| **Complete Name of School**  **PAMANTASAN NG LUNGSOD NG PASIG** | **School Location**  **PASIG CITY** | **School Type**  **PUBLIC** |

**Email Address**

**ramosjennylyn12@gmail.com**

**Mobile Number**

**09666623720**

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| **Last Name**  **RAMOS** |
| **First Name**  **JENNYLYN ANNE** |
| **Middle Name**  **OBIS** |

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| **Gender**  **FEMALE** | **Place of Birth**  **QUIAPO MANILA** | | **Religion**  **CATHOLIC** |
| **Date of Birth**  **JUNE 18, 2001** | **Age**  **23** | **Civil Status**  **SINGLE** | **Landline Number**  **N/A** |

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

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| **HOME ADDRESS**  **CURRENT SCHOOL INFORMATION** | | | | |
|  | **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**

**EDUCATIONAL BACKGROUND**

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| --- | --- | --- | --- |
| **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** |

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| **If Self-Supporting Student:** ₱ **N/A** | **COMBINED MONTHLY INCOME** | **₱ 10,000** |

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| **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**

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| --- |
| **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.

**MARK LOUIE C. OBIS**

**JENNYLYN ANNE O. RAMOS**

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

Date Signed:**01 SEPTEMBER 2024** Date Signed: **01 SEPTEMBER 2024**