

# PCS APPLICATION FORM

### ACADEMIC SCHOLARSHIP



GW/A Affiliations ID Number Type of ID New - REGULAR STUDENT ID 1.45 2022-4682

APPLICANT'S PERSONAL INFORMATION

Last Name MERANO	
First Name JUAN MICHAEL	
Middle Name DASALLA	

Gender MALE	Place of Birth PASIG CITY		Religion CATHOLIC
Date of Birth 6/24/2004	Age 20	Civil Status SINGLE	<b>Landline Number</b> 0286364616

**Email Address** Mobile Number 09608570689 meranojuanmichael@gmail.com

HOME ADDRESS					
Unit Number BLK21	House Number LOT 50	Street Name/ Subdivision QUIRINO ST. VILLA NATIVIDAD		Barangay PINAGBUHATAN	
CURRENT SCHOOL INFORMATION					
Complete Name	e of School FECHNOLOGIC	AL COLLEGE	School Location PATEROS	= =	School Type PUBLIC
Academic Grade		se (for Senior High School and College   HELOR OF SCIENCE IN INFORMATI	• •	J., ,	ted Date of Graduation)

#### **FAMILY INFORMATION**

RELATION	NAME	OCCUPATION	MONTHLY INCOME	
Father	BENITO MADALI, MERANO	RETIRED	₱ 5,000	
Mother	MERLINDA DASALLA, MERANO	SELF EMPLOYED	₱ 3,000	
Guardian, as applicable	N/A	N/A	₱ 0	
If Self-Suppo	If Self-Supporting Student: ₱ 0 COMBINED MONTHLY INCOME		₱ 8,000	

If Self-Supporting Student: ₱ 0	COMBINED MONTHLY INCOME	₱	8,000
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### **EDUCATIONAL BACKGROUND**

LEVEL	COMPLETE NAME OF SCHOOL	TE NAME OF SCHOOL INCLUSIVE YEARS	
Elementary	NAGPAYONG ELEMENTARY SCHOOL	2010 - 2016	N/A
Junior High	NAGPAYONG HIGH SCHOOL	2016 - 2020	N/A
Senior High	NAGPAYONG SENIOR HIGH SCHOOL	2020 - 2022	N/A
Tertiary	PATEROS TECHNOLOGICAL COLLEGE	2022 - Present	N/A

#### MODE OF RECEIPT OF LATEST SCHOLAR ALLOWANCE

N/A -NEW APPLICANT N/A -NEW APPLICANT **CASH CARD ACCOUNT NUMBER:** 

### **CONSENT AGREEMENT**

MERLINDA D, MERANO \_ (PCS applicant or legal guardian), a PCS applicant / acting as legal guardian of MERANO, JUAN MICHAEL D. \_ (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.

MERAND JUAN MICHAEL D. Signature of Applicant over Printed Name

Date Signed: <u>23/09/2024</u>

Signature of Parent/ Guardian over Printed Name

Date Signed: <u>23/09/2024</u>