REPUBLIC OF THE PHILIPPINES
PROVINCE OF LAGUNA
OFFICE OF THE GOVERNOR
Provincial Capitol Compound , Santa Cruz, Laguna

APPLICATION FORM
SCHOLARSHIP PROGRAM OF LAGUNA
2ND SEM. A.Y. 2023 - 2024
TO BE FILLED UP BY THE student

A. PERSONAL INFORMATION: Handwritten (printed) / Typewritten   Slot No. 2023-05677

Name of Student   CASTALONE, MHARK ANGEL, CASTILLO

       (Surname)   (Given Name)   (M.I.)

Age	22	Sex	Male	Status	SINGLE	Religion	BORN AGAIN CHRISTIAN

Date of Birth   2001-11-18   Place of Birth   MAAHAS MATERNITY/LYING IN CLINIC BRGY.MAAHAS LBL

Residential Address in Laguna   U CALSES

Province   LAGUNA   Municipality   BAY   Barangay   SAN NICOLAS (POB.)

Contact No. 09077469581   Email Address   mharkcastillocastalone@gmail.com

Name of Father   DARIO   Occupation   DISEASE   Contact No. N/A

Name of Mother   LEONIDA C. CASTALONE   Occupation   TELLER   Contact No. 09168968071

Name of Guardian   LEONIDA CASTALONE   Relation   MOTHER   Contact No. 09168968071

Annual Family Gross Income   20000

School Graduated		Address of School	Year Graduated
Elementary	BAY CENTRAL ELEMENTARY SCHOOL	57JP+8GX, DILA, JOSE RIZAL AVE, BAY, LAGUNA	2015
Secondary	NICOLAS L. GALVEZ MEMORIAL NATIONAL HIGH SCHOOL	57QM+62P, BAY, 4033 LAGUNA	2019
Senior High	COLEGIO DE LOS BAñOS	LOPEZ AVE, LOS BAñOS, 4030 LAGUNA	2021

B. ADDITIONAL INFORMATION

Course Already Enrolled BACHELOR OF SCIENCE INFORMATION TECHNOLOGY

School   LAGUNA STATE POLYTECHNIC UNIVERSITY

Address of School   LAGUNA STATE POLYTECHNIC UNIVERSITY - LOS BAñOS CAMPUS, MAYONDON, LOS BANOS, 4030 LAGUNA

Number of Units   21   Year Level   3   Graduating?   NO

Expected Year of Graduation   2025   Semester   N/A

PO14S2021-N

Are you a recipient of any other government funded financial assistance/scholarship program?

   X   No

_____ Yes (Please specify: _____)

Are there any members of the family who is currently `Iskolar ng Laguna`?

   X   No

_____ Yes

     I hereby certify that I have read the terms and conditions governing grant as provided for by the Scholarship Program of the Provincial Government of Laguna and its implementing rules and regulations and hereby pledge strict observance and compliance therewith. Further, by affixing my signature, I AM CERTIFYING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT and also giving my consent to process my personal data based on the Data Protection Policy (laguna.gov.ph/opa).

With My Consent:

LEONIDA C. CASTALONE	CASTALONE, MHARK ANGEL CASTILLO
Signature over printed name of Parent/Guardian	Signature over printed name of Student