

UEZON CITY UNIVERSITY

San Bartolome | San Francisco | Batasan Hills



Vision: The constituents of the Philippines as a whole, while starting in Quezon City in particular, enjoy the good life, mainly as a result of their native talent, ga Mission: To provide education that will awaken full understanding of the essence of the natural resources of the country and the potentials of the human r

SCHOLARSHIP, GRANTS AND ASSISTANCE DIVISION

673 Quirino Highway, San Bartolome, Novaliches Quezon City

SCHOLARSHIP APPLICATION FORM

INSTRUCTIONS:

Read General and Documentary Requirements: Fill in all the required information. Print legibly. Do not leave an item blank. If item is not applicable indicate N/A.

ROWY, CHEDRICK FOLLERO

PERSONAL INFORMATION

						110111	' ALIEDIVIALLI OFFEIT
	ROWY				CHEDRICK	FOLLERO	
NAME	(Last Name) put extension, if any, i.e., Jr, III				(First Name)	(Middle Name)	(Maiden Name) for Married Woman
Date of Birth (mm/dd/yy) 11/28/00 Age: 19			Age: <u>19</u>	Home Address	L4 Blk4 Natividad Subdivision		
Place of Birth				(write in full details)	Brgy. Sta. Lucia, Novaliches, Quezon City		
Gender			/ Male	Female	House no., Village, St., Brgy. City. Etc.		
<u> </u>		Single	Widowed	Zip Code: <u>1117</u>	District: () I () II () III	I ()IV (/)V ()VI	
			Married	Separated	Name of School (Last Attended)	Quezon City University	
			Annulled	Others	Calcad Address	673 Quirino Highwa	ay, San Bartolome
Citizenship	FILIPINO				School Address	Novaliches, Que	zon City
Mobile Nun	00006600044				School Sector	Public	
E-mail Addr	ddress chedrick.follero.rowy@gmail.com				Highest Attained Grade/Year Level	Senior High School	
Type of Disability (If applicable):					Degree/Program/Course/Year		
Tribal Membership (If applicable):							

FAMILY BACKGROUND

	Father: (/) Living ()	Deceased		Mother: (/) Living	() Deceased		
Name	Rowy, Ramil S.			Rowy, Juanita	F.		
Address	L4 Blk4 Natividad Subd. Sta. Luc	cia , Novalches, Q.C.		L4 Blk4 Natividad Subd. Sta. Lucia , Novalches, Q.C.			
Occupation	Tricycle Dri		N/A				
Educational Attainment	Vocational Cou	irse	College Graduate				
Total Income per month	400			No. of dependents in	the family:5		
(write in full details)				TYPE	INSTITUTION/AGENCY		
Are you enjoying any educational/ financial assistance? YES () or NO (/) 1							
		if YES, please specify:	2				
			3				

OTHER INFORMATION							
(Everyday School Baon/ Allowa Transportation (Number of Ric		Own a House (/) Rental () If RENTAL, how much? P					
I hereby certify that the foregoing statements are true and correct and consents to the use of personal information by QCU for monitoring and evaluation purposes.							
	1, CHEDRICK F.						
(Signature ov	ver Printed Name of Applicant)	Date Accomplished					
(DO NOT FILL-OUT THIS PORTION)	FOR QCU-SCHOLARSHIP, GRANTS AN	ID ASSISTANCE DIVISION USE ONLY					
Belongs to: (any of the following groups)							
Dependent of a Solo Parent							
Senior Citizen							
Person with Disabilities	Please specify type of disability,						

GENERAL REQUIREMENTS

Evaluated/ Processed by:

- S.Y. 20 20 2021
- 1. Filipino Citizen
- 2. Bonafide Quezon City Resident
- 3. Passer of Quezon City University Entrance Exam

Please specify membership

QCU-SGAD Staff

4. Must be of Good Moral Character

Indigenous and Ethnic People

DOCUMENTARY REQUIREMENTS

- a. Photocopy of Latest Registration Form
- b. Photocopy of **any** of the following:
 - 1. Voter's ID of Applicant, Parent or Guardian, OR
- 2. Barangay ID of Parent or Guardian
- c. Latest Utility Bill (Maynilad or Meralco Bill)

Date Evaluated

d. 1 pc. of 2x2 Picture with White Background and Name Tag