

SUMMARY OF RATINGS

Academic GWA ___

Interviewed by __

Financial

[] Passed [] Failed

City Government of Pasig Office of the City Mayor Application for Pasig City Scholars

Insert oto

UMAAGOS ANG PAG-ASA	NEW			Photo
Affiliations		Type of ID	ID Number	GWA
Regular Applicant		School ID	02000234652	1.67

PPLICANT'S P	ERSONAL INFORMATION	1						
Last Name			Place of Birth PASIG		Religion Roman Catholic			
SIRIOS First Name		Date of Birth	Age Civ	ril Status	Landline Number			
JUSTINE ADRIAN Middle Name		7/26/1999		ngle				
ABULENCIA		Mobile Number 09686033433	Email Address justinesirios15@gmail.com					
HOME ADDRESS								
Unit Number House Number Street Name/ Subdivision PECHAY ST NAPICO			Barangay MANGGAHAN					
CURRENT SCI	HOOL INFORMATION							
Name of School STI COLLEGE ORTIGAS CAINTA			School CAIN	School Type PRIVATE				
Academic Grad College - 3rd		High School and College on NCE IN COMPUTER SCIEN	• "		ing, (Expected Date of Graduation) 24			
FAMILY INFORMATION								
Relation	Name		Monthly Income					
Father	ROGER FLAVIANO SIRIOS	ROGER FLAVIANO SIRIOS			₱10800			
Mother	ther VIRGIE ABULENCIA SIRIOS			Unemployed				
Guardian, as applicable	I V							
Combined Monthly Income					₱ 10800			
EDUCATIONA	AL BACKGROUND							
Level	Name		Inclusive Year	rs Honors and Awards				
Elementary	NAPICO ELEMENTARY SCHOOL		2006-2012	N.A				
Junior High	STA LUCIA HIGH SCHOOL		2012-2016	N.A.				
Senior High	ARELLANO UNIVERSITY PASIG		2016-2018	N.A.				
Tertiary	STI COLLEGE ORTIGAS CAINTA			2020-PRESENT	N.A.			
ONSENT AGR	EEMENT							
CONSENT AGREEMENT								
I,a PCS applicant / acting as legal guardian ofwho is currently applying for admission to Pasig City Scholarship Program, am giving my consent for the PCS Office to collect and process our								
ersonal data ir	n relation to the purpose of admissi	on as PCS Scholar.						
CCEDTANCE	OF TEDMS							
CCEPTANCE OF TERMS Ve 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								
epresentatives to verify the information submitted. We understand that if awarded the benefits under the PCS, any false statement, omissions, or								
isrepresentatio	on made in this application form may re	esult in the immediate v	withdrawal of the	scholarship grant.				
Signature of Applicant over Printed Name Date Signed:			Signature of Parent/ Guardian over Printed Name Date Signed:					

[] Passed [] Failed

Values Education / (ESP) ___

Checked/ Assessed by __