

INFORMATION SHEET
EDUCATION ASSISTANCE
HON. NARCISO “BONG” R. BRAVO, JR.
Congressman 1st District Masbate

Name of Student: **ROLAND L. ALAVERA**
Birthdate: **DECEMBER 02, 1999**
Contact No.: **09103459681**
Email/Facebook Account: **rolandllaban.alavera@bicol-u.edu.ph**
Address: **MABINI, SAN PASCUAL, MASBATE**
Name of School: **BICOL UNIVERSITY**

Address of School: **Legazpi City, Albay** Year Level: **4th Year**
Course: **BACHELOR OF SCIENCE IN COMPUTER SCIENCE**
Name of Parent/Guardian: **CORAZON L. ALAVERA**
Father's Name: **RODRIGO J. ALAVERA JR.**
Mother's Name: **LALAIN L. ALAVERA**
Contact No.: **09076775995**

Recommended by: _____
(Printed Name and Signature)

REQUIREMENTS:

3. 2 copies PHOTOCOPY of School Matriculation or Assessment Form with “STAMP”
Authenticated Photo Copy and Officially Enrolled for SY 2020-2021
4. 2 Copies Certified PHOTOCOPY Of School ID (back to back) with the signature of
student, validated of the School Registrar for SY 2020-2021 “1st Semester”

Please submit this form with the requirements to:

TONZ B. CODERA, JR. – CP Nos.: 09465924707/09072137037

MRS. MARIFE “EJING” E. VELASCO – CP No: 09212501816