

**FELIPE, REORO T.****TULONG DUNONG PROGRAM (TDP-SUC)
APPLICATION FORM**Management
System
ISO 9001:2015Level III
Recognition
for Mastery in
Quality
ManagementTHE Impact
Rankings
2023
+1001Dark Green
School
CertifiedWorld
University
Rankings
Ranked 484The WORLD
UNIVERSITY
RANKINGS
for INNOVATION

Instructions. Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. Item is not applicable, indicate "NA".

PERSONAL INFORMATION				
Name	Felipe	Reo Roi	Trinidad	Maiden Name (for Married Women)
	(Last Name)	(First Name)	(Middle Name)	
Date of Birth (mm/dd/yyyy)	08/0/2004	Permanent Address 0258, Purok 1, San Pascual, Hagonoy, Bulacan		Zip Code 3002
Place of Birth	Hagonoy, Bulacan	Street & Barangay	Town/City/Municipality	Province
		Name of School Attended Bulacan State University - Hagonoy Campus		
Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	School ID Number	2022600270	
		School Address	Iba-Carillo, Hagonoy Bulacan - 3002, Philippines	
Citizenship	Filipino	School Sector	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Mobile Number	09485933158	Year Level 4th Year	Course Bachelor of Science in Information Technology	Tribal Membership (if applicable)
E-mail Address	reoroifelipe@gmail.com	Type of Disability (if applicable)		
FAMILY BACKGROUND				
	Father: <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased		Mother: <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased	
Name	Romeo T. Felipe		Rosalinda T. Quesada	
Address	0258, Purok 1, San Pascual, Hagonoy, Bulacan		0258, Purok 1, San Pascual, Hagonoy, Bulacan	
Occupation	Employee		Housewife	
Total Parents Gross income	15,000 Pesos		No. of Siblings in the family	
Are you enjoying other educational financial assistance? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No				
If yes, please specify 1. _____ 2. _____				
QUALIFICATION REQUIREMENTS per Section 4 of the Memorandum Circular No. __ s. 2023 An applicant for this grant must be a Filipino citizen, provided, that the applicant is enrolled in any first undergraduate degree included in the CHED Registry of Programs and Institutions, provided, further, that the applicant has not been a recipient of TDP grant, Tertiary Education Subsidy (TES), or any nationally-funded government Student Financial Assistance Program (STuFAP), except Free Higher Education (FHE), in previous academic years. DOCUMENTARY REQUIREMENTS per Section 6 of the Memorandum Circular No. __ s. 2023. 6.1. (Academic Requirement) TDP-SUCs applicants shall submit to the Scholarship Office the Certificate of Registration/Enrolment (COR/COE) for the First Semester of AY 2023-2024 as proof of enrollment. 6.2. (Income Requirement) TDP-SUCs applicants shall submit a Certificate of Indigency as proof of income, duly issued by the Punong Barangay where the applicant resides.		TERMS AND CONDITIONS Data Privacy a. In connection with my application for the Tulong-Dunong Program for SUC (TDP-SUC), I authorize partner State Universities and Colleges (SUCs) and its representatives, and outsourced service providers, if any, to collect, process update or disclose personal information about me/us in accordance with the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), and to verify, my personal information from any person or entity that may deem necessary under applicable laws, rules, and regulations. b. I agree to hold partner SUCs and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information free and harmless from any liability arising from the use of any information. c. I confirm that I am aware that under the Data Privacy Act, I have (a) the right to withdraw the consent hereby given or to object to the processing of my personal information provided there is no other legal ground or overriding legitimate interest to the processing thereof; (b) right to reasonable fees, (c) right to rectification, and (d) right to erasure or blocking of my personal information subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act and its IRR, and subject further to the right of partner SUCs to terminate the program availed by me should I withdraw my consent or request the removal of my personal information.		
I hereby certify that foregoing statements are true and correct. <div style="display: flex; justify-content: space-between;"><div>REO ROI TRINIDAD FELIPE Signature over Printed Name of Applicant</div><div>August 18, 2025 Date Accomplished</div></div> <p style="text-align: center;">Note: Fully accomplished form to be submitted to the SUC authorized personnel</p>				
DO NOT FILL-OUT THIS PORTION FOR SUC AUTHORIZED PERSONNEL USE ONLY				
Documents Attached Certificate of Registration/Enrolment (CORs/COEs) _____ Certificate of Indigency _____				
Evaluated /Processed by: SUC Authorized Personnel				