

**SCHOLARSHIP RENEWAL FORM (SAF)**

PLEASE FILL OUT THIS FORM COMPLETELY TO FACILITATE PROCESSING OF YOUR APPLICATION.
Write LEGIBLY and indicate NONE or NOT APPLICABLE whenever appropriate. Mark all appropriate BOXES with a check mark (✓).

<input checked="" type="checkbox"/> Application Date:	<input type="text"/>		<input checked="" type="checkbox"/> Level:	<input type="checkbox"/> SENIOR HIGH SCHOOL	<input type="checkbox"/> TERTIARY
STI Campus:	STI COLLEGE GLOBAL CITY		<input checked="" type="checkbox"/> Title of Scholarship:	<input type="text"/>	
Program / Track / Year	<input type="text"/>		Term:	1st Term	Academic Year: 2022-2023
I. STUDENT DETAILS					
<input checked="" type="checkbox"/> Student Name:	<input type="text"/>	Last Name	First Name	Middle Name	
<input checked="" type="checkbox"/> Student Number	<input type="text"/>	<input checked="" type="checkbox"/> Contact Number:			<input type="text"/>
<input checked="" type="checkbox"/> Permanent Address:	<input checked="" type="checkbox"/> Email Address:				
II. SCHOLARSHIP HISTORY (Oldest to Latest)					
(to be filled up by Registrar only)					
SY and TERM	Type of Scholarship	Coverage	Percentage	REMARKS	
ex: SY2021 Term 1	ex: SIBLING	ex: Tuition Only	15%	<input type="text"/>	
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
III. CERTIFICATION and PRIVACY CONSENT					
This is to certify that above student applying for scholarship renewal has not been subjected to any disciplinary actions for the term <u>1st Term</u> .					
Signed by: <u>JOHN STEPHEN A. GONZALES</u> <u>DO / SA / DSA</u>					
Privacy Consent					
I hereby declare that the information I have provided are true, correct and complete to the best of my knowledge. I fully understand that if I have provided any false information, such may be the basis for the denial of my application or my non-readmission or exclusion from STI if already admitted. I, likewise, read and understood the terms and conditions herein provided and agree to the same. I, further, declare that I am consenting to the collection, use, processing and sharing of my personal data, pursuant to Republic Act No. 10173 or the Data Privacy Act of 2012, for any purpose relative to my enrollment with STI, including but not limited to: evaluation of my application for admission; recording, storing and maintaining said personal information in the People Soft Campus Solution (PSCS) information system or any other similar information system, directories and alumni records; analyzing, assessing and sharing for academic, co-curricular and extra-curricular activities and other related activities, and possible related placement activities. I am fully aware that these personal information I provided shall be retained as long as necessary as determined by STI.					
<input checked="" type="checkbox"/> Signed by:	<input checked="" type="checkbox"/> Conforme:				
Student's Name and Signature			Parent's / Guardian's Name and Signature		
IV. SCHOLARSHIP DETAILS (This portion onwards is to be accomplished by authorized STI PERSONNEL ONLY)					
Student's application and requirements have been verified to comply with the terms and conditions of the program. As such, the following scholarship benefits are accorded to him/her:					
STI SCHOLARSHIP EXAMINATION SCORE (if Applicable) :	SCHOLARSHIP COVERAGE				
	PERCENTAGE (%) OF SCHOLARSHIP GRANT	Senior High School		Tertiary	
		<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Tuition Fees & Miscellaneous Fees	<input type="checkbox"/> Tuition Fees
		<input type="checkbox"/> Other School Fees	<input type="checkbox"/> Other School Fees	<input type="checkbox"/> Special Fees	<input type="checkbox"/> Miscellaneous Fees
		<input type="checkbox"/> Others (Please specify)			
		<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> Government Partnership/Grant	<input type="checkbox"/> Third-Party Sponsor
V. 'SCHOLARSHIP CHARGING					
This scholarship grant is chargeable to:					
<input type="checkbox"/> STI School	<input type="checkbox"/> Government Partnership/Grant	<input type="checkbox"/> Others (specify name/title of grant)			
<input type="checkbox"/> STI Foundation	<input type="checkbox"/> Third-Party Sponsor				
VI. RENEWAL REQUIREMENT CHECKLIST					
SIBLING		Registrar's Initial	SHS OPEN SCHOLARSHIP		Registrar's Initial
<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> GWA of 92 or higher	<input type="checkbox"/> No Grades below 87
<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> No financial accountabilities	<input type="checkbox"/> No Grades below 87	<input type="checkbox"/> GWA of 92 or higher	<input type="checkbox"/> Printed Copy of Student Grade Report
TERTIARY OPEN SCHOLARSHIP		Registrar's Initial	<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> GWA of 92 or higher
<input type="checkbox"/> Fully Accomplished SAF Form	<input type="checkbox"/> Printed Copy of Student Grade Report	<input type="checkbox"/> No financial accountabilities	<input type="checkbox"/> No Grades below 87	<input type="checkbox"/> GWA of 92 or higher	<input type="checkbox"/> Fully Accomplished SAF Form
VII. APPROVING COMMITTEE					
Signature	Checked by:	Reviewed by:	Endorsed by:	Approved by:	Date Posted:
Printed Name	Rodalyn V. Fontalva	Rod Valentine	John B. Tubongbanua	Peter K. Fernandez	
Designation	Registrar	SA/DSA	School Director	President	Posted By:
Date					
Important Reminders: 1. Scholarship renewal is applied by the student and evaluated by the Registrars Office every term. 3. Incomplete application shall not be processed. 2. It is the responsibility of the scholar to monitor for their grades.					