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|  | Reference No.: SPC-FO-HS-01 | | | | | | | | | | | | Effectivity Date: January 05, 2025 | | | | | | | | | | | Revision No. 01 | | | | |
| **APPLICATION FORM FOR HUMANITARIAN SCHOLARSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Direction: Fill out the necessary information below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: |  | | | | | | | | | First Name: | |  | | | | | | | | Middle Name: | | | | |  | | | |
| Age: |  | | | | | Sex: | | | |  | | | | | | Civil Status: | | | |  | | | | | | | | |
| Birthdate: |  |  | / | / | | | | | | |  | Birthplace: | | | |  | | | | | | | | | | | | |
|  | *mm* | |  | *dd* |  | *year* | | | |  |
| Email Address: | |  | | | | | | | | | | | | | Contact Number: | | | | |  | | | | | | | | |
| Permanent Home Address: | | | |  |  |  |  | |  | *Street/Barangay* | |  |  |  |  |  |  | *Town/City/Municipality* | | | | |  |  |  |  | *Province* | |
| Zip Code: |  | | | | | | | | | | | Citizenship: | | | | |  | | | | | | | | | | | |
| Type of Disability (if applicable): | | | | | |  | | | | | | | | | Tribal Membership: | | | | | | |  | | | | | | |
| **ACADEMIC DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Undergraduate | | | | | | | | Graduate School | | | | | | | | | | | | | | | Integrated School | | | | | |
| Program: |  | | | | | | | | | | | | | College/Department: | | | | | |  | | | | | | | | |
| Year Level: |  | | | | | | | | | | | | | Previous General Weighted Average (GWA): | | | | | | | | | | | | | |  |
| Honors Received (if any): | | | | |  | | | | | | | | | Units Enrolled: | | | | |  | | | | | | | | | |
| Scholarship being applied: | | | | |  | | | | | | | | | Semester: | | | |  | | Academic Year: | | | | | |  | | |
| Do you have any existing scholarship? | | | | | | | | |  | Yes | No | | If Yes, please specify: | | | | | | |  |  |  |  |  |  |  |  |  |
| **FAMILY DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Father** | | | | Living | | | | Deceased | | | | | | **Mother** | | | | Living | | | | | | Deceased | |
| Name: | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Contact Number: | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Occupation  (please specify): | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Estimated gross annual income: | | | | | |  |  | |  |  |  |  |  |  |  |  | Number of Siblings in the Family: | | | | | | | | | | | |
|  |  | Not over P 250,000.00 | | | | | | | | |  |  |  |  |  |  |
|  |  | Over P 250,000 but not over P 400,000 | | | | | | | | | | | |  |  |  |
|  |  | Over P 400,000 but not over P 800,000 | | | | | | | | | | | |  |  |  |
|  |  | Over P 800,000 but not over P 2,000,000 | | | | | | | | | | | | |  |  |
|  |  | Over P 2,000,000 but not over P 8,000,000 | | | | | | | | | | | | | |  |
|  |  | Over P 8,000,000 | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | |  | *reference: BIR Form No. 1701* | | | | | |  |
| **PLEASE ANSWER THE FOLLOWING QUESTIONS IN YOUR OWN HANDWRITING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Why do you want this scholarship? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pursuant to Republic Act No. 10173, also known as the Data Privacy Act of 2012, the San Pablo Colleges, recognizes its commitment to protect and respect the privacy of its customers and/or stakeholders and ensure that all information collected from them are all processed in accordance with the principles of transparency, legitimate purpose and  proportionality mandated under the Data Privacy Act of 2012. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature over Printed Name of Applicant Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |