



REPUBLIC OF THE PHILIPPINES
PROVINCE OF LAGUNA
OFFICE OF THE GOVERNOR
Provincial Capitol Compound, Santa Cruz, Laguna

APPLICATION FORM
SCHOLARSHIP PROGRAM OF LAGUNA
2ND SEM. A.Y. 2022 - 2023

TO BE FILLED UP BY THE student

A. PERSONAL INFORMATION: Handwritten (printed) / Typewritten

Slot No. 2020-08329

Name of Student CABATIC, ALLEN JOSHUA, LARAÑO
(Surname) (Given Name) (M.I.)
Age 22 Sex Male Status SINGLE Religion CATHOLIC
Date of Birth 2001-04-29 Place of Birth SAN BERNARDINO HOSPITAL,
NOVALICHES QUEZON CITY
Residential Address in Laguna 0239/E QUIRINO/
Province LAGUNA Municipality VICTORIA Barangay SAN ROQUE (POB.)
Contact No. 0995106783 Email Address laranocallel29@gmail.com
Name of Father ALEJANDRO M. CABATIC Occupation DRIVER Contact No. 09213109804
Name of Mother BLANDINA L. CABATIC Occupation OFW Contact No. 09122159996
Name of Guardian ALDRIN JOSEF CABATIC Relation BROTHER Contact No. 09665646823
Annual Family Gross Income 15000

School Graduated	Address of School	Year Graduated
Elementary <u>A.MABINI ELEMENTARY SCHOOL</u>	<u>TALA CALOOCAN CITY</u>	<u>2008-2013</u>
Secondary <u>DUMANJUG NATIONAL HIGHSCHOOL</u>	<u>LIONG, CEBU</u>	<u>2013-2017</u>
Senior High <u>MISSIONARI DELA FEDE COMMUNITY HIGHSCHOOL</u>	<u>E.QUIRINO NANHAYA VICTORIA LAGUNA</u>	<u>2017-2019</u>

B. ADDITIONAL INFORMATION

Course Already Enrolled BACHELOR OF SCIENCE INFORMATION TECHNOLOG
School LAGUNA UNIVERSITY
Address of School LAGUNA SPORTS COMPLEX, BUBUKAL, STA.CRUIZ LAGUNA
Number of Units 18 Year Level 3 Graduating? NO
Expected Year of Graduation 2024 Semester N/A

I hereby certify that I have read the terms and conditions governing grant as provided for by the Scholarship Program of the Provincial Government of Laguna and its implementing rules and regulations and hereby pledge strict observance and compliance therewith. Further, by affixing my signature, I AM CERTIFYING THAT THE ABOVE INFORMATION IS TRUE AND CORRECT and also giving my consent to process my personal data based on the Data Protection Policy (laguna.gov.ph/opa).

With My Consent:

<u>ALDRIN JOSEF CABATIC</u>	<u>CABATIC, ALLEN JOSHUA LARAÑO</u>
Signature over printed name of Parent/Guardian	Signature over printed name of Student