



## TULONG DUNONG PROGRAM (TDP-SUC) APPLICATION FORM

Instructions. Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank item is

PERSONAL INFORMATION					
Name	(Last Name)	(First Name)	(Middle Name)	Maiden Name (for Married Women)	
	INIGO	IUAN ALDRICH	DELA CRUZ		
Date of Birth (mm/dd/yyyy)	05/08/2001			Permanent Address	
Place of Birth	CABANATUAN CITY, NUEVA ECIA			Zip Code 3119	
	POBLACION NORTH SCIENCE CITY OF MUÑOZ, NUEVA ECIA				
	Street & Barangay			Town/City/ Municipality	
Sex	Name of School Attended			CENTRAL LUZON STATE UNIVERSITY	
	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>			School ID Number 20-1654	
Citizenship	School Address			SCIENCE CITY OF MUÑOZ, NUEVA ECIA	
	FILIPINO			School Sector <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	
Mobile Number	0945 827 3694			Year Level 4 <sup>th</sup> Year	
E-mail Address	inigoaldrich24@gmail.com			Course BS INFORMATION TECHNOLOGY	
	Type of Disability (if applicable)			Tribal Membership (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	AVALON P. INIGO			DOCELYN D. INIGO	
Address	POB. NORTH, SCIENCE CITY OF MUÑOZ, NUEVA ECIA			POB. NORTH, SCIENCE CITY OF MUÑOZ, NUEVA ECIA	
Occupation	TEACHER			TEACHER	
Total Parents Gross income	₱500,000			No. of Siblings in the family 3	
Are you enjoying other educational financial assistance? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No					
If yes, please specify 1 _____ 2. _____					
<b>QUALIFICATION REQUIREMENTS</b> 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.  <b>DOCUMENTARY REQUIREMENTS</b> 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.			<b>TERMS AND CONDITIONS</b> 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.					
Signature over Printed Name of Applicant <u>IUAN ALDRICH D. INIGO</u>			Date Accomplished <u>03/11/2024</u>		
Note: Fully accomplished form to be submitted to the SUC authorized personnel					
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					