



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

**APPLICATION FORM**  
**SCHOLARSHIP PROGRAM OF LAGUNA**  
**1ST SEM. A.Y. 2020 - 2021**

**TO BE FILLED UP BY THE student**

**A. PERSONAL INFORMATION: Handwritten (printed) / Typewritten**

Slot No. 2021-03258

Name of Student

MAGAMPON, AARON, A

(Surname)(Given Name)(M.I.)

Age

21

Sex

Male

Status

SINGLE

Religion

ROMAN CATHOLIC

Date of Birth

1999-09-25

Place of Birth

BITIN BAY, LAGUNA

Residential Address in Laguna

0269 RIZAL AVENUE STREET BITIN BAY, LAGUNA

Province

LAGUNA

Municipality

BAY

Barangay

BITIN

Tel No. / Cel. No

09973905564

Email Address

magamponaaron@gmail.com

Name of Father

MAXIMO C. MAGAMPON

Occupation

RETIRED

Income/Mo

11000

Name of Mother

ALELI A MAGAMPON

Occupation

HOUSE WIFE

Income/Mo

0

Name of Guardian

MAXIMO C. MAGAMPON

Relation

FATHER

Income/Mo

11000

Tel No. / Cel. No (Parents/Guardian)

09338116264

Annual Family Gross Income

132000

School Graduated	Address of School	Year Graduated
Elementary	BITIN ELEMENTARY SCHOOL	2012
Secondary	BITIN NATIONAL HIGH SCHOOL	2016
Senior High	CHRISTIAN COLLEGE OF TANAUAN	2018

**B. ADDITIONAL INFORMATION**

Course Already Enrolled

BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY

No. of Units

21

Year Level

3

School

BATANGAS STATE UNIVERSITY

Graduating?

NO

Address of School

MALVAR, BATANGAS

Expected Year of Graduation

2022

**REFERENCES (Persons not related by consanguinity or affinity to applicant)**

	Name	Address
1.	JOHN PAUL VILLEGAS	BITIN BAY, LAGUNA
2.	NICASIO VILLEGAS	BITIN BAY, LAGUNA
3.	MATEO NAVAREZ	BITIN BAY, LAGUNA

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 hereby giving my consent to process my personal data based on the Data Protection Policy (laguna.gov.ph/opa).

With My Consent:

MAXIMO C. MAGAMPON

Signature over printed name of Parent/Guardian

MAGAMPON, AARON A

Signature over printed name of Student