



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. 2021 - 2022

TO BE FILLED UP BY THE student

A. PERSONAL INFORMATION

Slot No. 2021-03562

Name of Student	RAMOS, RICHARD, DE LEON		
	(Surname)	(Given Name)	(M.I.)
Age	23	Sex	Male
		Status	SINGLE
		Religion	IGLESIA FILIPINA INDEPENDIENTE
Date of Birth	1999-07-22	Place of Birth	SANTA CRUZ, LAGUNA
Residential Address in Laguna	1411 J. ONG KIKO STREET		
Province	LAGUNA	Municipality	SANTA CRUZ
		Barangay	SANTISIMA CRUZ
Tel No. / Cel. No	09978906269	Email Address	ramosrichard310@gmail.com
Name of Father	RAYMUND CASTILLO RAMOS	Occupation	VEGETABLE VENDOR
		Income/Mo	5000
Name of Mother	CHERRIE DELEON RAMOS	Occupation	VEGETABLE VENDOR
		Income/Mo	5000
Name of Guardian	RAYMUND CASTILLO RAMOS	Relation	FATHER
		Income/Mo	5000
Tel No. / Cel. No (Parents/Guardian)	09291990229	Annual Family Gross Income	100000
School Graduated	SANTISIMA CRUZ ELEMENTARY SCHOOL		
Elementary	SANTISIMA CRUZ SANTA CRUZ, LAGUNA		
	2011		
Secondary	PEDRO GUEVARA MEMORIAL NATIONAL HIGH SCHOOL		
	P GUEVARA STREET		
	2015		
Senior High	N/A		
	N/A		
	N/A		

B. ADDITIONAL INFORMATION

NOTE: Course, No. of Units, Year Level and School must be based on the attached Registration Form.

Course Already Enrolled	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	No. of Units	18	Year Level	3
School	LAGUNA STATE POLYTECHNIC UNIVERSITY	Graduating?	YES		
Address of School	BRGY. BUBUKAL SANTA CRUZ LAGUNA	Expected Year of Graduation	2023		

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

	Name	Address
1.	JOHN LLOYD ARAZA	MAGDALENA, LAGUNA
2.	RENDHEL PIZON	CALAMBA, LAGUNA
3.	KOBIE ORACION	LUISIANA, 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:

RAYMUND CASTILLO RAMOS
Signature over printed name of Parent/Guardian

RAMOS, RICHARD DE LEON
Signature over printed name of Student