



Office of the President of the Philippines
COMMISSION ON HIGHER EDUCATION
REGIONAL OFFICE _____

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CHED SCHOLARSHIP PROGRAM (CSP) APPLICATION FORM

Instructions: Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

Application period: March 1 to May 31 of the current academic year

CRITERIA OF ELIGIBILITY per CMO 08 s. 2019

1. Filipino citizen;
2. Graduating high school students/High school graduate
3. General Weighted Average (GWA) of at least **90%** or above.
4. Combined annual gross income of parents/guardian not to exceed Four Hundred Thousand Pesos (PhP400,000.00) or solo parent/guardian whose annual gross income does not exceed the said amount;
In highly exceptional cases where income exceeds Php400,000.00, the CHEDRO StuFAPs Committee shall determine the merits of the application
5. Avail of only one government funded financial assistance program.

DOCUMENTARY REQUIREMENTS per CMO 08 s. 2019

Academic Requirements - any one of the following:

- () 1. High school report card
- () 2. Duly certified true copy of grades for Grade 11 or 1st semester of Grade 12 for graduating high school students

Income Requirements - any one of the following:

- () 1. Latest ITR of parents or guardian if employed
- () 2. Certificate of Tax Exemption from the BIR
- () 3. Certificate of Indigency from their Barangay
- () 4. Certificate/Case Study from DSWD
- () 5. Latest copy of contract or proof of income for children of Overseas Filipino Workers (OFW) and seafarers.

NOTE: Beneficiaries of free higher education under RA 10931 can only receive stipend under this program

PERSONAL INFORMATION

1. Name	(Last Name) <i>put extension, if any: i.e. Jr., III</i>	(First Name)	(Middle Name)	Maiden Name <i>(for Married Women)</i>
2. Date of Birth (mm/dd/yy)		9. Present Address		
3. Place of Birth		10. Zip Code		
4. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	9. Permanent Address		
5. Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others	10. Zip Code		
6. Citizenship		11. Name of School Last Attended		
7. Mobile Number		12. School Address		
8. E-mail Address				
13. School Sector:	() Public () Private	15. Type of Disability (if applicable)		
14. Highest Attained Grade/Year Level		16. IP affiliation (if applicable)		

FAMILY BACKGROUND

	Father: () Living () Deceased	Mother: () Living () Deceased	Legal Guardian
17. Name			
18. Address			
19. Contact Number			
20. Occupation			
21. Name of Employer			
22. Employer Address			
23. Highest Educational Attainment			
24. Total Parents Taxable Income			24. No. of Siblings in the family 18 years old and below _____
25. Is your family a beneficiary of the DSWD's pantawid Pamilyang Pilipino Program (4Ps)? () Yes () No			
26. School Intended to enroll or enrolled in: _____			
27. School Address: _____			
28. Type of School: () Public () Private			
29. Degree Program: _____			
30. Are you enjoying other sources of educational/financial assistance? () Yes or () No If yes, please specify 1. _____ Type Grantee Institution/Agency 2. _____			

I hereby certify that foregoing statements are true and correct. Any misinformation or withholding of information will automatically disqualify me from the CHED Scholarship Program. I am willing to refund the financial benefits received if such information is discovered after acceptance of the award.

I hereby express my consent for the Commission on Higher Education to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my personal data and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

(Signature over Printed Name of Applicant)

Date Accomplished

Note: Fully accomplished form to be submitted to the CHEDRO

DO NOT FILL-OUT THIS PORTION (FOR CHED USE ONLY)

Belongs to: (any of the following groups) <input type="checkbox"/> dependent of solo parent <input type="checkbox"/> senior citizens <input type="checkbox"/> persons with disabilities <i>please specify type of disability _____</i> <input type="checkbox"/> indigenous and ethnic peoples <i>please specify membership _____</i>	Documents Attached: 1. Academic () Report Card () Copy of Grades: Grade 11 or 1st semester of Grade 12 2. Financial () ITR () Tax Exemption () Certificate of Indigency () Case Study DSWD () OFW Contract 3. Others () Solo Parent () Senior Citizen () IPs () PWD
School intended to enroll in	
School address	
Type of School	() Public () Private
Course	() Priority () Non-Priority
Evaluated/Processed by: _____ <div style="display: flex; justify-content: space-between;"> CHED StuFAP Coordinator Date </div>	