


FORM		PAMANTASAN NG LUNGSOD NG MUNTINLUPA CENTER FOR SCHOLARSHIP & FINANCIAL ASSISTANCE <i>University Road, Poblacion, Muntinlupa City</i>					
		Document Title APPLICATION FORM – LOCAL SCHOLARSHIP PROGRAM					
Issue No.	0	Revision No.	1	Effectivity Date:	01 January 2020	Page No	1

Please fill out the necessary information and put **N/A** if not applicable. Date: __/__/__

SEMESTER: _____ACADEMIC YEAR: _____-

I. TYPE OF PROGRAM: (Please check one)

- ☐ Academic Commitment for Excellence (**A.C.E**)
- ☐ Cultural Athletics, Rescue and ROTC Incentives (**C.A.R.R.I**)

☐ PLMun Chorale

☐ PLMun Band

☐ PLMun Folk Dance Troupe

☐ PLMun Modern Dance Troupe

☐ PLMun Theater Guild

☐ Kultura Teknika

☐ PLMun Sports and Athletics

☐ PLMun ERT

☐ PLMun ROTC

☐ Scholar’s Empowerment Assistance for Leadership (**S.E.A.L**)☐ Comprehensive Research and Excellence Award for Transformative Education (**C.R.E.A.T.E**)☐ International Student Training Exchange Program (**I-STEP**)☐ Board Review for Outstanding Academic Results and Delivery (**B.O.A.R.D**)

II. PERSONAL INFORMATION:

NAME: _____
Last NameFirst NameMiddle NameSuffixMiddle Initial

COMPLETE ADDRESS: _____
Residing at ☐ Own House☐ Parent’s House☐ Guardian House☐ Boarding House

BIRTHDATE: ____/____/____ GENDER: _____RELIGION: _____
MMDDYYYY

MOBILE NO.: _____FB NAME: _____EMAIL ADD: _____
☐ Full-time Student☐ working Student☐ Solo Parent☐ Person with Disability☐ Senior Citizen

If living with guardian:

GUARDIAN NAME: _____AGE: _____RELATIONSHIP: _____

OCCUPATION: _____EMPLOYMENT STATUS: _____MONTHLY INCOME: _____

III. ACADEMIC INFORMATION:

	Year Level	1 st Sem. GPA	2 nd Sem. GPA	Assistance Program
<u>IV. STUDENT NO.:</u> _____	1 ST	_____	_____	_____
COLLEGE: _____	2 ND	_____	_____	_____
COURSE: _____	3 RD	_____	_____	_____
MAJOR: _____	4 TH	_____	_____	_____

FAMILY BACKGROUND:

STATUS OF PARENTS: <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Sing Parent <input type="checkbox"/> Father (Deceased) <input type="checkbox"/> Mother (Deceased)		
RELATION	FATHER	MOTHER
Name		
Age		
Address		
Mobile No.		
Occupation		
Company		
Company Address		
Average Monthly Income		
Educational Attainment		
Unemployment Reason		

BROTHERS AND SISTERS

No. of Studying Sibling/s _____ No. of Working Sibling/s _____ Total No. of Sibling/s _____

RELATION	SIBLING 1	SIBLING 2	SIBLING 3
Name			
Age			
Civil Status			
Occupation			
Business/Company			
Company Address			
Monthly Income			
Educational Attainment			
School/College			
Grade/Year/Course			
Still with you? (Yes/No)			
School fees Per Year (if student)			

V. CURRENT MEMBERSHIP IN ORGANIZATION: (In PLMun and Off-Campus)

NAME OF ORGANIZATION	POSITION
1. _____	_____
2. _____	_____
3. _____	_____

VI. OTHER SOURCES OF FUNDS: (In PLMun and Off-Campus)

Are you a beneficiary of any scholarship grant?

SCHOLARSHIP PROGRAM	INCLUSIVE DATES	BENEFITS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid, and will immediately disqualify my application to this program. I also allow OSA Center for Scholarship and Financial Assistance (CSFA) to use the said information for legitimate purpose especially for eligibility for educational assistance and other incentives, and allow the processing of such information by authorized personnel in accordance with the Data Privacy Policy of the University.

Applicant’s Signature over Printed Name

Date Submitted

<div>FOR OSA PERSONNEL USE ONLY</div> <div>Remarks: [] Accepted (Complete Requirements) [] Pending (Incomplete Requirement) [] Denied (Non-Muntinlupa Resident)</div> <div>Screened by: _____ Scholarship Coordinator</div> <div>Date Received: _____</div> <div>Approved by: _____ CSFA Head</div>	<div>GENERAL REQUIREMENTS</div> <div>[] Duly Accomplished Application Form [] Scanned Copy of Certificate of Matriculation [] Scanned Copy of Certificate of Grades [] Scanned Copy of Updated Muntinlupa Care Card [] Scanned Copy of Good Moral Character Certificate from PLMun Guidance Office [] 1pc.2x2 picture (White background with nametag)</div> <div>NOTE: <i>Incomplete requirements will NOT be accepted or processed.</i></div>
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