



DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY
South La Union Campus
Agoo, La Union

FREE HIGHER EDUCATION APPLICATION FORM
MIDYEAR TERM SY 2024-2025

RECENT 2x2 picture
NO FILTER in College
Uniform with
NAME TAG in white
background

CAMPUS: ☐ NLUC ☐ MLUC ☒ SLUC ☐ OUS

Date of Application: _____

Directions: Fill-out by putting a check mark (/) on the appropriate box or providing the needed information. Please write legibly.

I. STUDENT INFORMATION

Name _____ ID Number: _____

Complete Home Address: _____

Sex: ☐ Male ☐ Female Civil Status: ☐ Single ☐ Married

Contact Number _____ E-mail address _____

Course: _____ Year Level: _____

Type of Student: ☐ New ☐ Continuing ☐ Returning Student

*if NEW, indicate name of school last attended: _____

School year last attended: _____

Are you a recipient of any scholarship/grant? ☐ Yes ☐ No

If yes, write the complete name of the scholarship/ grant and amount of stipend received per semester

II. FAMILY INFORMATION

NAME OF PARENTS		OCCUPATION	ESTIMATED FAMILY INCOME
Father			
Mother			
Total Monthly Family Income			

I hereby certify to the correctness of the information provided.

Signature of Applicant over printed name

Signature of Parent/Guardian over printed name

Evaluated by:

ANGELITA S. DOMONDON
In-charge, Scholarship and Financial Assistance

Noted by:

JO ANN P. RULLA
Head, Student Affairs and Services

REMARKS:

- ☐ Approved
☐ Disapproved/Ineligible
 ☐ Second Courser
 ☐ Overstaying
 ☐ With other scholarship (DOH and DA-ATI)

Date Evaluated: _____