

 	<div>CITY GOVERNMENT OF LIGAO</div> <div>CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE</div> <div>Gmail: cswdoligao@gmail.com/ Tel.No. (052) 201 1249</div>	<div>1x1</div>		
<div>LIGAO EDUCATIONAL SCHOLARSHIP (LEdS)</div> <div>APPLICATION FORM</div>				
<div>Instruction: Please read the General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".</div>				
<div>PERSONAL INFORMATION</div>				
NAME				
	(Last Name)	(First Name)	(Middle Name)	Ext. Name
Date of Birth (MM/DD/YYYY)		Permanent Address (Purok, Barangay, City, Province)		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Zip Code		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Citizenship		
School Type	<input type="checkbox"/> Public <input type="checkbox"/> Private	Mobile Number		
		Email Address		
		Type of Disability (If Applicable)		
Name of School				
School Address				
Year Level				
Course				
<div>FAMILY BACKGROUND</div>				
	Father	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Full Name				
Age				
Address				
Educational Attainment				
Occupation				
Monthly Income			No. of Siblings	
<div>General Requirements</div>			<div>Qualifications</div>	
<div><input type="checkbox"/> 1. Application Form</div> <div><input type="checkbox"/> 2. Undertaking</div> <div><input type="checkbox"/> 3. General Intake Sheet Form</div> <div><input type="checkbox"/> 4. Certificate of Grades from the previous Semester with the General Weighted Average</div> <div><input type="checkbox"/> 5. Authenticated Certificate of Registration or Enrollment</div> <div><input type="checkbox"/> 6. Any Valid ID</div> <div><input type="checkbox"/> 7. Barangay Clearance</div>			<div>1. Must be a resident of Ligao City.</div> <div>2. Officially Enrolled and open to all courses.</div> <div>3. Must not have failing grades or incomplete remarks from previous semester and with 2.7 (80%) General Weighted Average.</div> <div>4. Belongs to the low-income family or in crisis situation.</div> <div>5. Not receiving any scholarship grants from other agencies such as but not limited to DOST, CHED.</div>	

I certify that all the information provided in my LEdS application form and documents attached herewith are TRUE, VALID and COMPLETE to the best of my knowledge and belief. I give full consent to the City Social Welfare and Development Office to collect, record, store, process and use my personal information to validate my scholarship application and verify my identity, prevent fraud, process my application, determine whether I am qualified to avail of any scholarship, stipend, or other similar financial or other assistance. I also AGREE that any acts/information to DEFRAUD the government, including attached documents, shall cause the filing of appropriate case/s against me.

Signature Over Printed Name of Applicant

Date Accomplished

UNDERTAKING

I, _____, _____ years old, _____
(Name of beneficiary) *(Age)* *(Year level)*
Year College of _____ and a resident
(Name of School)
of Barangay _____ Ligao City is not a scholar of other government agencies.
(Address)

Therefore, if upon verification, it is found out that I am one of the recipients of any scholarship grant/s from other government agencies, I undertake and commit to return the assistance provided by the City Social Welfare and Development Office amounting _____ Pesos (Php _____).

In witness whereof, I have hereunto affixed my signature this _____ day of _____ 2025 at
(Day) *(Month)*
Ligao City.

Signature over Printed name of Claimant

Date