



SCHOLARSHIP RENEWAL FORM (SAF)

PLEASE FILL OUT THIS FORM COMPLETELY TO FACILITATE PROCESSING OF YOUR APPLICATION.  
Write LEGIBLY and indicate NONE or NOT APPLICABLE whenever appropriate. Mark all appropriate BOXES with a check mark (✓).

Application Date:

STI Campus:

Program / Track / Year Level:

Level: ☐ SENIOR HIGH SCHOOL ☐ TERTIARY

Title of Scholarship:

Term:  Academic Year:

I. STUDENT DETAILS

Student Name:  Last Name  First Name  Middle Name

Student Number:  Contact Number:

Permanent Address:  Email Address:

II. SCHOLARSHIP HISTORY ( Oldest to Latest) (to be filled up by Registrar only)

SY and TERM	Type of Scholarship	Coverage	Percentage	REMARKS
ex: SY2021 Term 1	ex: SIBLING	ex: Tuition Only	15%	

III. CERTIFICATION and PRIVACY CONSENT

This is to certify that above student applying for scholarship renewal has not been subjected to any disciplinary actions for the term \_\_\_\_\_.

Signed by: \_\_\_\_\_ DO / SA / DSA

Privacy Consent

I hereby declare that the information I have provided are true, correct and complete to the best of my knowledge. I fully understand that if I have provided any false information, such may be the basis for the denial of my application or my non-readmission or exclusion from STI if already admitted. I, likewise, read and understood the terms and conditions herein provided and agree to the same. I, further, declare that I am consenting to the collection, use, processing and sharing of my personal data, pursuant to Republic Act No. 10173 or the Data Privacy Act of 2012, for any purpose relative to my enrollment with STI, including but not limited to: evaluation of my application for admission; recording, storing and maintaining said personal information in the People Soft Campus Solution (PSCS) information system or any other similar information system, directories and alumni records; analyzing, assessing and sharing for academic, co-curricular and extra-curricular activities and other related activities, and possible related placement activities. I am fully aware that these personal information I provided shall be retained as long as necessary as determined by STI.

Signed by: \_\_\_\_\_ Conforme: \_\_\_\_\_

Student's Name and Signature \_\_\_\_\_ Parent's / Guardian's Name and Signature \_\_\_\_\_

IV. SCHOLARSHIP DETAILS (This portion onwards is to be accomplished by authorized STI PERSONNEL ONLY)

Student's application and requirements have been verified to comply with the terms and conditions of the program. As such, the following scholarship benefits are accorded to him/her:

STI SCHOLARSHIP EXAMINATION SCORE (if Applicable) :	PERCENTAGE (%) OF SCHOLARSHIP GRANT	SCHOLARSHIP COVERAGE	
		Senior High School	Tertiary
		<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Registration Fee
		<input type="checkbox"/> Tuition Fees & Miscellaneous Fees	<input type="checkbox"/> Tuition Fees
		<input type="checkbox"/> Other School Fees	<input type="checkbox"/> Other School Fees
		<input type="checkbox"/> Special Fees	<input type="checkbox"/> Miscellaneous Fees
		<input type="checkbox"/> Others (Please specify)	<input type="checkbox"/> Others (Please specify)

V. 'SCHOLARSHIP CHARGING

This scholarship grant is chargeable to:

☐ STI School ☐ Government Partnership/Grant ☐ Others (specify name/title of grant)

☐ STI Foundation ☐ Third-Party Sponsor

VI. RENEWAL REQUIREMENT CHECKLIST

<b>SIBLING</b> <input type="checkbox"/> Fully Accomplished SAF Form <input type="checkbox"/> Printed Copy of Student Grade Report	Registrar's Initial _____ _____	<b>SHS OPEN SCHOLARSHIP</b> <input type="checkbox"/> Fully Accomplished SAF Form <input type="checkbox"/> Printed Copy of Student Grade Report <input type="checkbox"/> GWA of 92 or higher <input type="checkbox"/> No Grades below 87 <input type="checkbox"/> No financial accountabilities	Registrar's Initial _____ _____ _____ _____ _____
<b>TERTIARY OPEN SCHOLARSHIP</b> <input type="checkbox"/> Fully Accomplished SAF Form <input type="checkbox"/> Printed Copy of Student Grade Report	Registrar's Initial _____ _____		

VII. APPROVING COMMITTEE

	Checked by:	Reviewed by:	Endorsed by:	Approved by:	
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Posted:
Printed Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	Peter K. Fernandez	
Designation	Registrar	SA/DSA	School Director	President	Posted By:
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Important Reminders:

1. Scholarship renewal is applied by the student and evaluated by the Registrars Office every term.  
2. It is the responsibility of the scholar to monitor for their grades.

3. Incomplete application shall not be processed.