

Instructions. Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. Item is not applicable, indicate "NA".

PERSONAL INFORMATION					
Name	CUNANAN	SHANE YVONNE	FRANADA	Maiden Name (for Married Women)	
	(Last Name)	(First Name)	(Middle Name)		
Date of Birth (mm/dd/yyyy)	04/23/2001	Permanent Address Purok 6, Brgy. Catalanacan, Science City of Munoz, Nueva Ecija		Zip Code 3119	
Place of Birth	Sapang Cawayan, Science City of Munoz, Nueva Ecija				
		Street & Barangay	Town/City/ Municipality		Province
		Name of School Attended			
Sex	___ Male /___ Female	School ID Number			
		School Address			
Citizenship	Filipino	School Sector	(/) Public () Private		
Mobile Number	09776634586	Year Level 4	Course BS Information Technology	Tribal Membership (if applicable)	
E-mail Address	shaneyfcunanan23@gmail.com cunanan.shane@clsu2.edu.ph	Type of Disability (if applicable)			
FAMILY BACKGROUND					
	Father: <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased		Mother: <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased		
Name	Wartio Cunanan		Emma Franada		
Address	Purok 6, Catalanacan, Munoz, Nueva Ecija		Cudal, Tabuk City, Kalinga		
Occupation	Farming		Housekeeping		
Total Parents Gross income	5,000/mo		No. of Siblings in the family 2		
Are you enjoying other educational financial assistance? ___ Yes or /___ No					
If yes, please specify 1. _____ 2. _____					
QUALIFICATION REQUIREMENTS per Section 4 of the Memorandum Circular No. ___ s. 2023 An applicant for this grant must be a Filipino citizen, provided, that the applicant is enrolled in any first undergraduate degree included in the CHED Registry of Programs and Institutions, provided, further, that the applicant has not been a recipient of TDP grant, Tertiary Education Subsidy (TES), or any nationally-funded government Student Financial Assistance Program (STuFAP), except Free Higher Education (FHE), in previous academic years. DOCUMENTARY REQUIREMENTS per Section 6 of the Memorandum Circular No. ___ s. 2023. 6.1. (Academic Requirement) TDP-SUCs applicants shall submit to the Scholarship Office the Certificate of Registration/Enrolment (COR/COE) for the First Semester of AY 2023-2024 as proof of enrollment. 6.2 (Income Requirement) TDP-SUCs applicants shall submit a Certificate of Indigency as proof of income, duly issued by the Punong Barangay where the applicant resides.		TERMS AND CONDITIONS Data Privacy a. In connection with my application for the Tulong-Dunong Program for SUC (TDP-SUC), I authorize partner State Universities and Colleges (SUCs) and its representatives, and outsourced service providers, if any, to collect, process update or disclose personal information about me/us in accordance with the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), and to verify, my personal information from any person or entity that may deem necessary under applicable laws, rules, and regulations. b. I agree to hold partner SUCs and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information free and harmless from any liability arising from the use of any information. c. I confirm that I am aware that under the Data Privacy Act, I have (a) the right to withdraw the consent hereby given or to object to the processing of my personal information provided there is no other legal ground or overriding legitimate interest to the processing thereof; (b) right to reasonable fees, (c) right to rectification, and (d) right to erasure or blocking of my personal information subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act and its IRR, and subject further to the right of partner SUCs to terminate the program availed by me should I withdraw my consent or request the removal of my personal information.			
I hereby certify that foregoing statements are true and correct. <div style="display: flex; justify-content: space-between;"> <div> CUNANAN, SHANE YVONNE F. Signature over Printed Name of Applicant </div> <div> 03/10/2024 Date Accomplished </div> </div> <p style="text-align: center;">Note: Fully accomplished form to be submitted to the SUC authorized personnel</p>					
DO NOT FILL-OUT THIS PORTION FOR SUC AUTHORIZED PERSONNEL USE ONLY					
Documents Attached Certificate of Registration/Enrolment (CORs/COEs) _____ Certificate of Indigency _____ _____					
Evaluated /Processed by: <div style="text-align: center;"> SUC Authorized Personnel </div>					