



Office of the President of the Philippines
COMMISSION ON HIGHER EDUCATION
REGIONAL OFFICE VIII



CHED SCHOLARSHIP PROGRAMS (CSPs)
APPLICATION FORM

PERSONAL INFORMATION			
Name			
	(Last Name)	(First Name)	(Middle Name)
Date of Birth	January 01, 1970	Street/Barangay	
Place of Birth		Town	
Sex		Province	
Civil Status		District	
Contact No.		Zip Code	
Email			
FAMILY BACKGROUND			
FATHER () Living (✓) Deceased		MOTHER () Living (✓) Deceased	
Name		Name	
Address		Address	
Educational Attainment		Educational Attainment	
Occupation		Occupation	
LEGAL GUARDIAN			
Name		No. of Siblings	
Address		Parent(s)/Guardian Annual Gross Income	P 0.00
Occupation		DSWD's 4ps Beneficiary () YES () NO	
ACADEMIC INFORMATION			
Applicant Type		Year Level in	
High School Graduated		Learner Reference Number	
College		General Weighted Average	
Degree Program/Course			
Are you enjoying other source of educational/financial assistance? () YES (✓) NO			
If YES, please specify	Type		Agency
OTHERS			
YES	NO		
	✓	Indigenous and Ethnic People (IP), please specify membership	
	✓	Dependent of Solo Parent	
	✓	Persons with Disabilities (PWDs), please specify type of disability	

I hereby certify that foregoing statements are true and correct. Any misinformation or withholding of information will automatically disqualify me from the CHED Scholarship Program. I am willing to refund the financial benefits received if such information is discovered after acceptance of the award.

I hereby express my consent for the Commission on Higher Education to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my personal data and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

January 01, 1970
Date Accomplished

(Signature over Printed Name)

DOCUMENTS ATTACHED	REMARKS
<div>1. Citizenship () Duly certified true copy of Birth Certificate</div> <div>2. Academic () Duly certified true copy of Report Card - For SH/HS Graduate () Duly certified true copy of Grades: Grade 11 and 1st semester of Grade 12 - For Graduating Senior HS</div> <div>3. Financial () Income Tax Return () Tax Exemption () Certificate of Indigency () Case Study () OFW Contract</div> <div>4. Others () Solo Parent () Senior Citizen () IPs () PWD</div>	
Evaluated/Processed by	
_____ CHED StuFAPs Coordinator	_____ Date



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CHED SCHOLARSHIP PROGRAMS (CSPs)
ACKNOWLEDGEMENT RECEIPT

LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS			
, , ,			
DATE OF BIRTH	PLACE OF BIRTH	SEX	CIVIL STATUS
JANUARY 01, 1970			
COLLEGE	DEGREE PROGRAM/COURSE		
APPLICATION ENTRY DATE	APPLICATION NUMBER	GWA	FAMILY GROSS ANNUAL INCOME
JANUARY 01, 1970			P 0.00

Received By

Date Received