



HUMAN RESOURCES DEVELOPMENT

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(As Stated in Birth Certificate, Please PRINT or TYPE)

SURNAME

FIRST NAME

MIDDLE NAME

NICKNAME

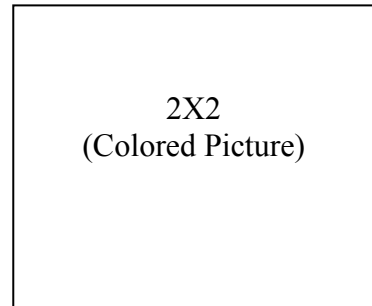
GENDER: MALE FEMALE

ASSIGNED ID NUMBER

DATE OF APPLICATION _____

STUDY GRANT APPLICATION FORM

Answer all the information asked for. Write "NA"
On the blank if the question does not apply to you on
your situation. PRINT OR TYPE YOUR
ANSWERS.



2X2
(Colored Picture)

PERSONAL DATA

BIRTH DATE: _____ AGE: _____

CIVIL STATUS (Encircle): SINGLE/ SINGLE PARENT/ MARRIED/ SEPERATED/ WIDOW/ WIDOWER

IF MARRIED, SPOUSE'S NAME: _____

NO. OF CHILDREN: _____

NAME OF DEPENDENTS	RELATIONSHIP	AGE
(This should include not only your children but also those who depend on you financially)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACT NUMBER

HOME TEL. NO.: _____

WHAT IS YOUR AVERAGE MONTHLY BILL/EXPENCES? _____

CELLULAR PHONE NOS.: _____

DOMICILE

ADDRESS (Where you and your families live?) _____

Do you own the house you live? YES NO

If YES, how much is the monthly amortization (if any)? _____

How much realty tax do you pay annually? _____

If NO, name of the owner: _____

What is your relationship with the owner? _____

Do you stay in an apartment/ boarding house/ room for rent? YES NO

If YES, Address: _____

How much is the monthly rent? _____

SCHOOLING

NAME OF COLLEGE ATTENDED: _____

ADDRESS: _____

PERIOD ENROLLED: YEAR _____ TO YEAR _____

IF NOT GRADUATED REASON(S) FOR STOPPING: _____

SCHOLLING FINANCED BY? (ENCIRCLE)

SELF/ PARENTS/ RELATIVE/ SCHOOL SCHOLARSHIP/ EDUC. PLAN/ GOV.T GRANT

DEGREE PROGRAM TO BE PURSUED

 BACHELOR MASTER'S DOCTORATE COURSE/PROGRAM TITLE: _____

IF BACHELOR DEGREE, SPECIFY YOUR LEVEL OR UNIT EARNED: _____

WHERE SCHOOLING WILL BE SPENT

 WITHIN AKLAN OUTSIDE AKLAN (specify): _____**WORK**

RECORD OF EMPLOYMENT

INCLUSIVE DATES		POSITION	SALARY PER MONTH	STATUS OF APPOINTMENT	COMPLETE NAME & ADDRESS OF THE COMPANY
FROM	TO				

PERFORMANCE RATING (For the Last two rating periods)1ST RATING PERIOD: _____2ND RATING PERIOD: _____**CERTIFIED BY:**_____
(Printed Name & Signature)
HRD OFFICER**SPECIAL STUDIES AND SCHOLARSHIPS AVAILED OF IN THE LAST TWO (2) YEARS, IF ANY**

TITLE OF PROGRAM	INCLUSIVE DATES	VENUE	SPONSORING AGENCY

DO YOU HAVE ANY PENDING Administrative case? YES NO

IF YES, PLEASE STATE _____

ARE YOU IN GOOD HEALTH? YES NO

IF NO, PLEASE STATE ILLNESS _____

CONFORME

*Carefully read and understand the following
conforme before you print your name and sign above it.*

I hereby certify upon my honor, that the information given herein and in the accompanying documents is complete and accurate. I also hereby authorize the HRD Officer or his representative to check on the veracity of the information and authenticity of the documents I have given.

I am aware of my falsification or withholding of information will automatically nullify my application. Furthermore, if such falsification or withholding of information in my part is discovered after I have been awarded financial assistance I will be required to reimburse the College all tuition and fees that had been subsidized by the College plus all the legal rate of interest prevailing at the time of the reimbursement and to pay all tuition and fees thereafter.

If I qualify for the grant, I know that the commission of any major offense as stipulated in the MOA will automatically result in the permanent discontinuance of any financial assistance given me. I also understand that the college expect me to finish my course/ degree in the least time possible, abide by the terms of agreement, governing the grant I am applying for , and fulfill the responsibilities attached thereto.

Printed name & Signature of Applicant

Date

AKNOWLEDGEMENT

(Please have this document notarized)

REPUBLIC OF THE PHILIPPINES) S. S.
_____)

BEFORE ME, a Notary Public for and in the above jurisdiction, this _____ day of _____, _____, personally appeared (Name of Applicant) _____ With Community Tax Certificate # _____ issued at _____ on _____, known to me to be the same person who executed the foregoing instrument and all attachments and acknowledged to me that the same is their true , free and voluntary act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the date and place herein above stated.

NOTARY PUBLIC

Doc. No.: _____
Pose No.: _____
Book No.: _____
Series of _____

ACTION TAKEN ON APPLICATION

REMARKS: _____
(By Department Head/ Asst. Principal/ Principal/ Dean)

RECOMMENDED BY: _____
(Vice President for Academic Affairs)

APPROVED

CONDITIONALLY APPROVED

DISAPPROVED

By: _____
Rev. Fr. Jose Gualberto I Villasis, Ph.D.
RECTOR-PRESIDENT

Date: _____