

APPLICATION FORM FOR SCHOLARSHIP

IMPORTANT INFORMATION

- ✓ THE APPLICANT MUST BE A BONAFIDE STUDENT OF MCL OR AN INCOMING FRESHMEN WHO WISHES TO APPLY TO ANY SCHOLARSHIP PROGRAM OF MCL.
- ✓ ALL INFORMATION CONTAINED HERE SHALL BE TREATED WITH UTMOST CONFIDENTIALITY ONCE FILLED-OUT. SHOULD AN ITEM BE INAPPROPRIATE, KINDLY LEAVE IT BLANK.
- ✓ MALAYAN COLLEGES LAGUNA RESERVES THE RIGHT TO FORWARD A COPY OF THIS FORM TO ANY ENTITY FOR WHATEVER LEGAL PURPOSE IT MAY SERVE.
- ✓ PLEASE WRITE LEGIBLY AND IN PRINT.

1.5" x 1.5"
ID PICTURE

TITLE OF SCHOLARSHIP:

PERSONAL INFORMATION

 LAST NAME GIVEN NAME

 MIDDLE NAME SUFFIX MIDDLE INITIAL GENDER

 STUDENT NUMBER PROGRAM YEAR CIVIL STATUS AGE

 PERMANENT ADDRESS
 HOUSE/BLOCK/LOT/UNIT NO. BLDG./STREET NAME BARRIO/SITIO/BARANGAY NAME

 MUNICIPALITY/CITY PROVINCE ZIPCODE

 MAILING ADDRESS
 HOUSE/BLOCK/LOT/UNIT NO. BLDG./STREET NAME BARRIO/SITIO/BARANGAY NAME

 MUNICIPALITY/CITY PROVINCE ZIPCODE

 LANDLINE NO. - MOBILE NO. - E-MAIL

 RELIGION CITIZENSHIP BIRTHDAY
FAMILY BACKGROUND

 FATHER'S NAME OCCUPATION PHONE NO. -

 OFFICE ADDRESS

 MOTHER'S NAME OCCUPATION PHONE NO. -

 OFFICE ADDRESS

NAME OF SIBLING(S)	AGE	SCHOOL/LOCATION OR OCCUPATION/COMPANY	EDUCATIONAL ATTAINMENT

MEDICAL INFORMATION

 Have you been hospitalized? YES NO If YES, what illness? When?
 Have you been gravely injured? YES NO If YES, what injury? When?
 Have you undergone any surgical operation? YES NO If YES, what disability? When?
RELATIVES WORKING AT MALAYAN COLLEGES LAGUNA

LIST ALL RELATIVES WORKING CURRENTLY WITH MALAYAN COLLEGES LAGUNA

NAME OF MCL EMPLOYEE	RELATIONSHIP	POSTION/DEPARTMENT	DATE OF APPOINTMENT

CONFIRMATION FROM STUDENT

I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY MISDECLARATION OR WITHOLDING OF INFORMATION SHALL BE SUBJECT TO MY AUTOMATIC DISQUALIFICATION TO THIS SCHOLARSHIP PROGRAM.

APPLICANT SIGNATURE/DATE

CONFIRMATION FROM PARENT/GUARDIAN

I, _____, PARENT/GUARDIAN OF _____ AM AWARE THAT MY SON/DAUGHTER HAS APPLIED TO THE SCHOLARSHIP PROGRAM STATED IN THIS FORM. I AM ALSO AWARE OF THE BENEFITS AND THE TERMS AND CONDITIONS OF THE SCHOLARSHIP PROGRAM THROUGH A COMMUNICATION LETTER THAT I RECEIVED FROM THE CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE DATED _____.

PARENT/GUARDIAN SIGNATURE/DATE

(DO NOT WRITE BELOW THIS LINE.)

DOCUMENTS PRESENTED

- DULY FILLED-OUT APPLICATION FORM
- PHOTOCOPY OF CERTIFICATE OF MATRICULATION (CM)
- PHOTOCOPY OF LATEST FINAL GRADE REPORT (FGR)
- LETTER OF CONSENT FROM PARENT(S)/GUARDIAN(S)
- CERTIFICATE OF GOOD HEALTH
- TWO (2) 1.5" x 1.5" ID PHOTO
- PHOTOCOPY OF LATEST ITR OF PARENTS/CERTIFICATE OF NON-FILING OF ITR
- PHOTOCOPY OF ID
- LETTER OF RECOMMENDATION
- RESUME/CURRICULUM VITAE
- CERTIFICATE OF GOOD MORAL CHARACTER
- CERTIFIED TRUE COPY OF GRADES
- NSO BIRTH CERTIFICATE
- OTHERS: _____

DATE FILED: _____

APPLICATION NO.: _____

ACTION TAKEN

DOCUMENT RECEIVED AND REVIEWED

REMARKS

CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

DATE

APPLICANT INTERVIEW

REMARKS

GUIDANCE COUNSELOR, CENTER FOR GUIDANCE AND COUNSELING

DATE

SCHOLARSHIP VALIDATION AND APPROVAL

APPLICANT VALIDATED AT PBSS AS:

DATE

COORDINATOR, CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

DATE