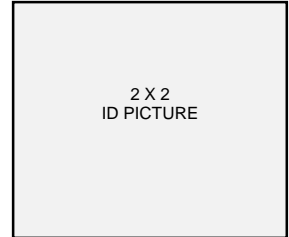




NAME OF SUC
ADDRESS



**CASH GRANTS TO MEDICAL STUDENTS
ENROLLED IN STATE UNIVERSITIES AND COLLEGES (CGMS-SUCs)
APPLICATION FORM**

Instructions: Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

PERSONAL INFORMATION

1. Name	(Last Name)	(First Name)	(Middle Name)	(Extension Name)
2. Date of Birth (mm/dd/yy)	9. Permanent Address (Street/Brgy., Town/City, Province)			
3. Place of Birth	10. Zip Code		11. District	
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Permanent Address (Street/Brgy., Town/City, Province)			
5. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others	10. Zip Code		11. District	
6. Citizenship	11. Name of School Last Attended			
7. Mobile Number	12. School Address			
8. E-mail Address				
13. School Sector: () Public () Private	14. Learner Reference Number (LRN)			
15. Highest Attained Grade (Year Level)	16. Type of Disability (if applicable)			
	17. IP affiliation (if applicable)			

FAMILY BACKGROUND

	Father: () Living () Deceased	Mother: () Living () Deceased	Legal Guardian
18. Full Name (including middle name)			
19. Address			
20. Contact Number			
21. Occupation			
22. Name of Employer			
23. Employer Address			
24. Total Parents Annual Gross Income			
25. Number of siblings			

26. School Intended to enroll or enrolled in: _____

27. School Address: _____

28. Type of School: () Public () Private

29. Degree Program: _____

30. Are you enjoying other sources of educational/financial assistance? () Yes or () No If yes, please specify

Type	Grantee Institution/Agency
1. _____	_____
2. _____	_____

I hereby certify that foregoing statements are true and correct. Any misinformation or withholding of information will automatically disqualify me from the CGMS-SUCs 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 and (NAME OF SUC) 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.

(Signature over Printed Name of Applicant)

Date Accomplished

Note: Fully accomplished form to be submitted to the CHEDRO

DO NOT FILL-OUT THIS PORTION (FOR CHED USE ONLY)

<p>Belongs to: (any of the following groups)</p> <p><input type="checkbox"/> dependent of solo parent</p> <p><input type="checkbox"/> senior citizens</p> <p><input type="checkbox"/> persons with disabilities <i>please specify type of disability</i> _____</p> <p><input type="checkbox"/> indigenious and ethnic peoples, <i>please specify membership</i> _____</p>	<p>Documents Attached:</p> <p>1. Academic () Report Card () Copy of Grades: Grade 11 or 1st semester of Grade 12</p> <p>2. Financial () ITR () Tax Exemption () Certificate of Indigency () Case Study DSWD () OFW Contract</p> <p>3. Others () Solo Parent () Senior Citizen () IPs () PWD () 4Ps</p>
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Evaluated/Processed by:

CGMS-SUCs Coordinator