PHILIPPINE CHARITY SWEEPSTAKES OFFICE

BAGONG PILIPINAS

EDUCATIONAL ASSISTANCE APPLICATION FORM

2x2 PICTURE

NOTE: Please complete all sections. Incomplete forms will not be processed.

SECTION A: STUDENT INFORMATION

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Sex: ☐ Male ☐ Female

Address: _____

_____

Barangay: _____

City/Municipality: _____

Contact Number: _____

Facebook Account Name (if any): _____

Email Address (if any): _____

SECTION B: SCHOOL INFORMATION

School Name: _____

School Address: _____

Year Level: _____

Semester/Trimester Enrolled: _____

Total Tuition Fee: ₱_____

Outstanding Balance: ₱_____

SECTION C: PARENT / GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Relationship to Student: _____

Contact Number: _____

2x2 PICTURE

SECTION D: REQUIREMENTS CHECKLIST

Please attach **clear photocopies with a Certified True Copy** of the following docum

- 1. Certificate of Enrollment / Registration Form
- 2. Valid School ID (if no ID) / Certificate of No ID
- 3. Valid ID of Parent/Guardian
- 4. Valid government-issued ID of the student
- 5. Billing statement / Statement of account
- 6. Screenshot / Valid academic transcript / Online report card of previous semester

SECTION E: DECLARATION AND CONSENT

I hereby certify that the information and documents I provided are true and correct. I understand that giving false information may disqualify me from this program.

I also allow the Philippine Charity Sweepstake Office and the PACE to verify my data and use it only for this assistance.

Signature of Student/Applicant/Date: _____

Signature of Parent/Guardian (if minor)/Date: _____

For Official Use Only (To be filled out by PACE Officer)

Date Received: _____

Interview Conducted: ☐ Yes ☐ No

Qualified for Assistance? ☐ Yes ☐ No

Remarks: _____

_____

Screened by (Name & Signature): _____

Date: _____