

ADOPT- A- STUDENT PROGRAM
Partido State University

APPLICATION FORM

Instructions: Please read the Essential Document and Eligibility Requirements. Kindly fill out this information sheet accordingly and make sure not to leave any blank field

I. Personal Information

	Surname	First Name	Middle Name	Ext. (e.g Jr., II)	
<input type="checkbox"/>					
<input type="checkbox"/>	(Required)		(Required)		

II. Educational Background

Name of School <i>(please do not abbreviate)</i> _____	
Address _____	Course/Year/Section _____
College _____	Campus _____

III. FAMILY BACKGROUND

<p style="text-align: center;">Father: () Living () Deceased</p> <p>Full Name: _____</p> <p>Address: _____</p> <p>Occupation: _____</p> <p>Educational Attainment: _____</p> <p>Total Parents Gross Income: _____</p>	<p style="text-align: center;">Mother: () () Deceased</p> <p>: _____</p> <p>: _____</p> <p>: _____</p> <p>: _____</p> <p>: _____</p> <p>No. of Siblings in the family: _____</p>
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IV. OTHER INFORMATION

ELIGIBILITY REQUIREMENTS	REQUIREMENT CHECKLIST
<p>Criteria for Applicants to the Adopt-A-Student Program:</p> <ol style="list-style-type: none"> 1. Must be a student enrolled at Partido State University, regardless of college or year level. 2. Demonstration of a strong academic record and prior community service involvement. 3. Proof of financial need is essential, with preference given to candidates from low-income families, typically those whose income falls below the poverty threshold. 	<ul style="list-style-type: none"> € Completed Application Form € Certificate of Indigency € Certificate of Enrolment € Faculty Endorsement Letter from the respective College € Most Recent Academic Grades

V. DECLARATION

<p>I hereby certify that all information written in this form is complete and accurate. I also allow the Adopt- a- Student Program Staff to process and store the data that I have provided in this form subject to the provisions of the Data Privacy Act of 2021 (RA 10173). By affixing my signature below, I hereby acknowledge that I have read and understood the terms of this form with regard to my personal information and agree to abide by the Program's Policy.</p> <p style="text-align: center;">_____ Signature over Printed Name/Date</p>

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