TDP-SUC Form 2025 version (NOT FOR SALE)



Republic of the Philippines

Davao de Oro State College Cabinuangan, New Bataan, Davao de Oro Province





2x2 ID PICTURE

TULONG DUNONG PROGRAM (TDP-SUC) APPLICATION FORM

Instructions. Read General and Documentary Requirements. Fill in all the required information. Do not leave an item blank Item is not applicable, indicate "NA".

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		PERSONAL IN	IFORMATIO	N I			1	
Name	(Last Name)	(First Name)		(Middle Name)		Name)	Maiden Name (for Married Women)	
Date of Birth (mm/dd/yyyy)		Permanent Address				Zip Code		
Place of <i>Birth</i>		Street & Barangay Name of School A	Municipality		F	Province		
Sex	Male Female	School ID Nun						
Citizenship		School Sect	tor	() Public ()		rivate		
Mobile Number		Year Level C		Course	Course		Tribal Membership (if applicable)	
E-mail Address		Type of Disab (if applicable	e)					
FAMILY BACKGROUND								
		Father: () Living () Deceased		Mother: () Liv		Mother: () Li	ving () Deceased	
Name								
Address								
Occupation								
Total Parents Gross income Are you enjoying other educational financial as		Listance No.				No. of Siblings in the family		
	ify 1		NO					
enrolied in any first undergradu Programs and Institutions, provi- recipient of TDP grant, Te nationally-funded government Si- except Free Higher Education (FF- DOCUMENTARY REQUIREMEN' (Academic Requirement) TDP-SUCs applicants shall submi Registration/Enrolment (COR/COE) proof of enrolment. (Income Requirement)	e a Filipino citizen, provided, that the applicant is ate degree included in the CHED Registry of ded, further, that the applicant has not been a triary Education Subsidy (TES), or any udent Financial Assistance Program (STuFAP), iE), in previous academic years. TS It to the Scholarship Office the Certificate of for the Second Semester of AY 2024-2025 as a Certificate of Indigency as proof of income,	Data Privacy a. In connection with my application for the Tulong-Dunong Program for SUC (TDP-SUC), I authorize partner State Universities and Colleges (SUCs) and its representatives, and outsourced service providers, if any, to collect, process update or disclose personal information about me/us in accordance with the Data Privacy Act of 2012, its Implementing Rules and Regulations (IRR), and to verify, my personal information from any person or entity that may deem necessary under applicable laws, rules, and regulations. b. I agree to hold partner SUCs and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information free and harmless from any liability arising from the use of any information. c. I confirm that I am aware that under the Data Privacy Act, I have (a) the right to withdraw the consent hereby given or to object to the processing of my personal information provided there is no other legal ground or overriding legitimate interest to the processing thereof; (b) right to reasonable fees, (c) right to rectification, and (d) right to erasure or blocking of my personal information subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act and its IRR, and subject further to the right of partner SUCs to terminate the program availed by me should I withdraw my consent or request the removal of my personal information.						
I hereby certify that foregoing statements are true and correct. Signature over Printed Name of Applicant Date Accomplished								
Note: Fully accomplished form to be submitted to the SUC authorized personnel								
	DO NOT FILL-OUT T	HIS PORTION FOR SU	C AUTHORI	ZED PERS	ONNE	L USE ONLY	<u> </u>	
Documents Attache Certificate of Reg Certificate of Indi	gistration/Enrolment (CORs/CC	DEs)						
Evaluated /Process	sed by:							
SUC Authorized Personnel								