



OFFICE OF SENATOR WIN GATCHALIAN  
**WIN ACTION CENTER**  
"KUYA WIN SCHOLARSHIP PROGRAM"

2x2  
ID PICTURE

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

PERSONAL INFORMATION			
Name	(Last Name) put extension, if an: i.e. Jr., III	(First Name)	(Middle Name) Maiden Name (for Married Women)
Date of Birth (mm/dd/yy)		Present Address:	
Place of Birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	Name of School :	
Citizenship		Degree Program:	
Mobile Number:		Year Level:	
Email Address:			
FAMILY COMPOSITION			
	Father <input type="checkbox"/> Separated <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother <input type="checkbox"/> Separated <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Legal Guardian
Name			
Address			
Contact Number			
Occupation			
Name of Employer			
Employer Address			
Highest Educational Attainment			
Total Parents Taxable Income			
No. of Siblings in the Family	Is your family a beneficiary of the DSWD's Pantawid Pamilyang Pilipino Program (4P's)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of siblings	Age	Occupation	Are you enjoying other sources of educational/ financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify _____  Grantee Institution / Agency  1. _____  2. _____

CERTIFICATION OF APPLICANT

I hereby certify that foregoing statements are true and correct. Any misinformation or withholding of information will automatically disqualify me from the Kuya WIN Scholarship 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 Kuya WIN Scholarship Program to collect, record, organize 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, 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