

**SCHOLARSHIP APPLICATION FORM S.Y. 2020-2021
(FOR EXTERNAL PARTNER SCHOOLS)**

1 X 1 ID
photo
(applicant)

Please write clearly in **ALL CAPITAL LETTERS**. Ensure **ALL FIELDS** are filled-out.

APPLICATION DATE:	DATE RECEIVED (PARTNER SCHOOL SCHOLARSHIP OFFICE):	DATE RECEIVED (SBFI):
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SCHOLARSHIP APPLICANT INFORMATION (THE STUDENT)

COMPLETE NAME:						
Last Name		First Name		Middle Name		Suffix
Gender:	Birthdate (mm/dd/yyyy):	Age:	Nationality:	Personal Mobile #:	Email address:	Civil Status:

PRESENT ADDRESS:			
House No.	Street / Village / Subd.	Barangay	City/Municipality
Province	Region	Country	Zip Code

SCHOOLING RELATED INFORMATION

SCHOOL TO BE ENROLLED IN:					TYPE OF SCHOOL (PLEASE CHECK):	
					Public: _____ Private: _____	
SCHOOL ADDRESS:						
Street/Village/Subd.		Barangay		City/Municipality		Zip Code
YEAR LEVEL (incoming school year):		HIGHEST EDUCATIONAL ATTAINMENT:			LATEST GWA (based on copy of grades):	
COURSE APPLIED FOR				MAJOR		

FAMILY BACKGROUND

FATHER'S NAME (Last Name, First Name, Middle Name):				MOBILE NUMBER:		
AGE:	NATIONALITY:	OCCUPATION:	COMPANY/EMPLOYER NAME:		GROSS ANNUAL INCOME:	
FATHER'S NAME (Last Name, First Name, Middle Name):				MOBILE NUMBER:		
AGE:	NATIONALITY:	OCCUPATION:	COMPANY/EMPLOYER NAME:		GROSS ANNUAL INCOME:	
GROSS ANNUAL FAMILY INCOME:	HOUSE TELEPHONE NO:	NO. OF SIBLINGS:	NO. OF SIBLINGS STUDYING ___ Elementary ___ High School ___ College	NO. OF SIBLINGS WITH OTHER SCHOLARSHIP (NON-SECURITY BANK) ___ Elementary ___ High School ___ College		
DO YOU HAVE RELATIVES WORKING IN SECURITY BANK? Yes _____ No _____	RELATIONSHIP WITH THE EMPLOYEE:	TENURE WITH SBC (YEARS):	SECURITY BANK BRANCH/UNIT/DEPARTMENT/DIVISION ASSIGNED:			

I hereby certify that all information given are (1) accurate and true; (2) I am not a scholar of any other organization for Academic Year 2019-2020; (3) I will abide by the decision of my school and that of Security Bank Foundation regarding my application for scholarship; and (4) any misdeclaration shall automatically render this scholarship application null and void.

Signature over printed name (Scholarship Applicant)

PARTNER SCHOOL ENDORSEMENT

I fully endorse the above stated application for Security Bank Foundation Scholarship Program. I certify that the above stated applicant is admitted/enrolled/bona-fide student of our school and is eligible to apply for the scholarship.

Signature over printed name (Authorized Representative)

Position

College/Department/Unit

REQUIREMENTS SUBMITTED (TO BE FILLED OUT BY SECURITY BANK FOUNDATION ONLY)

- CERTIFICATE OF GRADUATION (FROM SENIOR HIGH SCHOOL)
- CERTIFICATE OF GOOD MORAL CHARACTER (FROM SENIOR HIGH SCHOOL)
- TRANSCRIPT OF RECORDS/REPORT CARD (Equivalent of grades in percentage should be provided. Otherwise, application will be tagged as incomplete)
- PHOTOCOPY OF NSO BIRTH CERTIFICATE / CERTIFIED TRUE COPY OF BIRTH CERTIFICATE
- PARENT'S/GUARDIAN'S COPY OF INCOME TAX RETURN/ CERTIFICATE OF INDIGENCY
- ACCEPTANCE LETTER / ENROLLMENT / REGISTRATION CARD
- COURSE CURRICULUM (FOR COLLEGE LEVEL)



SCHOLARSHIP APPLICATION DATA PRIVACY CONSENT FORM

Dear Applicant,

Personal Data Protection Statement for Applicants

In the course of your application process with the Security Bank Foundation, Inc. (SBFI) Scholarship Program, SBFI has collected or obtained, and will obtain or collect from time to time, personal data from you or in relation to you ("Personal Data"). Please note that your Personal Data has been or will be collected, processed, used and stored for purposes directly or indirectly relevant to your application for scholarship. Your Personal Data may also be used for SBFI's administration of scholarship and for compliance with applicable laws and regulations.

By signing and returning this Consent Form to SBFI, you confirm that you consent to the collection, use, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of your Personal Data by SBFI as stated above and you undertake in turn to help SBFI to observe the requirements of the Data Privacy Act of the Philippines (Republic Act No. 10173), its implementing rules and regulations and other relevant issuances of the National Privacy Commission. The permission you are granting to SBFI shall be effective immediately and shall continue for a period of one (1) year from the date of this consent form or until graduation from SBFI scholarship for those who will be approved in the scholarship program (the "Permission Period"), unless you inform us in writing of your decision to revoke your permission prior to the end of the Permission Period, in which case, SBFI shall immediately cease from collecting, using, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of your Personal Data.

Should you have questions regarding the privacy policy you may contact our Data Privacy Officer at _____.

I hereby consent to the collection, use, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of my Personal Data by SBFI in accordance with the terms of this Personal Data Protection Statement for Applicants.

Scholarship Applicant's Signature Over Printed Name

Date: