



FOUNDATION

# TECHNICAL-VOCATIONAL SCHOLARSHIP PROGRAM

## APPLICATION FORM

PERSONAL BACKGROUND						
Applicant's Name (Please write the complete name as it appears in the birth certificate)						
Surname		First Name		Middle Name	Nickname	
Permanent Address:						
House no.	Street		Barangay	City/Municipality	Province	Region
Dwelling Status (Please check): <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Informal Settler						
Present Address:						
House no.	Street		Barangay	City/Municipality	Province	Region
Dwelling Status (Please check): <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Informal Settler						
Mobile No. #1:		Birthdate (mm/dd/yyyy):				
Mobile No. #2:		Place of Birth:				
Landline No.:		Nationality:				
E-mail Address:		Religion:				
Status (Please check): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Sex (Please check):		<input type="checkbox"/> Female <input type="checkbox"/> Male		
Height (cm):		Weight (kg):				

ACADEMIC BACKGROUND				
Name of School:		Grade Level	General Average	Year Completed:
College:				
Senior High School:				
Track:		Strand:		
Junior High School:				
ALS:				
Elementary:				

TECHNICAL-VOCATIONAL PLAN	
School:	Course:

FAMILY BACKGROUND							
Names of Family Members	Date of Birth (mm/dd/yyyy)	Highest Educational Attainment	Last School Attended	Nature of Work	Company	Civil Status	Is s/he a former or current SM scholar? (Y/N)
Father:							
Mother:							
Guardian:							
Siblings							
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
Aggregate income of family members in the same household for one year:							

- IMPORTANT:** Please attach the following:
1. Photocopy of F-138 or Latest Report Card with the Second or Third Grading Period's average.
  2. Photocopy of latest Income Tax Return of your parents and family members in the same household as presented above;
  3. Certificate of Non-filing of Income from the BIR if exempt from filing Income Tax Return.
  4. Photocopy of NSO/PSA or Municipal registrar issued Birth Certificate
  5. One (1) 2x2 picture of applicant
  6. Sketch map from your house to the nearest SM Mall.

I certify that the above information is true and correct and that any willful misinformation and/or withholding of information will automatically disqualify me from receiving any financial assistance from the SM Foundation, Inc.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date

### CONSENT FORM/CLAUSE FOR PARTICIPANTS

I, \_\_\_\_\_, understand and agree that by signing below or, in case of online or electronic processes, upon clicking the applicable icon or button, I am giving my express and full consent to **SM FOUNDATION INC. ("SMFI"), its affiliates and authorized personnel**, to collect, store, access and/or process my personal data, such as but not limited to my full name, address, contact details, nationality, religion, birthdate, birthplace, gender, education, medical history, photos, videos and other personal data ("Personal Data"), whether manually or electronically, for the period allowed under the applicable law and regulations, for the purposes of my participation in SMFI's activities, events, missions or programs, including but not limited to taking photos/videos of me, whether solo or group and with my knowledge, and posting or publishing my name and/or photos/videos as well as testimonials about me, whether in print or digital media and whether offline or online, to publicize my participation or SMFI's activities, events, missions or programs.

I have read the Privacy Notice and Policy of SMFI and I acknowledge that my personal data may be processed in line with the procedures stated therein. I am aware of my right to be informed, to access, to object, to erasure or blocking, to damages, to file a complaint, to rectify and to data portability, and I understand that there are procedures, conditions and exceptions to be complied with in order to exercise or invoke such rights.

\_\_\_\_\_  
(Name of Scholar and Date)

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### CONSENT FORM/CLAUSE FOR PARENTS OF PARTICIPANTS WHO ARE MINORS

I, \_\_\_\_\_, understand and agree that by signing below or, in case of online or electronic processes, upon clicking the applicable icon or button, I am / We are giving my/our full consent to **SM FOUNDATION INC. ("SMFI"), its affiliates and authorized personnel**, on behalf of my/our child, \_\_\_\_\_ [name of minor FARMERS, VOLUNTEERS, PATIENTS, PARTICIPANTS], \_\_\_\_\_ years of age, to collect, store, access and/or process my/our child's Personal Data, such as but not limited to his/her full name, address, contact details, nationality, religion, birthdate, birthplace, gender, education, medical history, photos, videos and other personal data ("Personal Data"), whether manually or electronically, for the period allowed under the applicable law and regulations, for the purposes of my/our child's participation in SMFI's activities, events, missions or programs, including but not limited to taking photos/videos of my/our child, whether solo or group and with his/her knowledge, and posting or publishing my/our child's name and/or photos/videos as well as testimonials about him/her, whether in print or digital media and whether offline or online, to publicize my/our child's participation or SMFI's activities, events, missions or programs. I acknowledge that the collection and processing of my/our child's Personal Data is necessary for such purposes.

I have read the Privacy Notice and Policy of SMFI and I acknowledge that my child's personal data may be processed in line with the procedures stated therein. I am aware of my child's right to be informed, to access, to object, to erasure or blocking, to damages, to file a complaint, to rectify and to data portability, and I understand that there are procedures, conditions and exceptions to be complied with in order to exercise or invoke such rights.

\_\_\_\_\_  
(Name of Parent[s] of minor Scholar and Date)