



Office of the President of the Philippines
COMMISSION ON HIGHER EDUCATION

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**STUDENT MONETARY ASSISTANCE FOR RECOVERY AND TRANSITION (SMART)
APPLICATION FORM**

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

1. Name	(Last Name) <i>put extension, if any: i.e. Jr., III</i>	(First Name)	(Middle Name)	Maiden Name <i>(for Married Women)</i>
2. Date of Birth (mm/dd/yy)		9. Permanent Address		
3. Place of Birth		10. Present Address		
4. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	11. Name of School		
5. Civil Status		12. School Address		
6. Citizenship		13. Degree Program		
7. Mobile Number				
8. E-mail Address				

PERSONAL INFORMATION

	Father: () Living () Deceased	Mother: () Living () Deceased	Legal Guardian
14. Name			
15. Address			
16. Occupation			
17. Name of Employer			
18. Employer Address			
19. Total Parents Taxable Income			

20. Is your family a beneficiary of the DSWD's Pantawid Pamilyang Pilipino Program (4Ps)?	() Yes () No	21. No. of Siblings in the family	
22. Are you enjoying other sources of educational/financial assistance?	() Yes or () No If yes, please specify:	Type	Grantee Institution/Agency
	_____	1. _____	_____
	_____	2. _____	_____

I hereby certify that foregoing statements are true and correct. Any misinformation or withholding of information will automatically disqualify me from the CHED 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 Commission on Higher Education to collect, record, organize, update 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 or 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

Note: Fully accomplished form to be submitted to CHED OSDS

DO NOT FILL-OUT THIS PORTION (FOR CHED USE ONLY)

Belongs to: (any of the following groups)

- dependent of solo parent
- senior citizens
- persons with disabilities *please specify type of disability* _____
- indigenous and ethnic peoples *please specify membership* _____

Documents Attached:

1. Academic
() Certified True Copy (CTC) of Certificate of Registration/Enrolment (CORs/COEs)
2. Financial
() ITR () Tax Exemption () Certificate of Indigency () Case Study Report
3. Photocopy of School ID Card or any government issued ID

Evaluated/Processed by:

Name and Signature of CHED Evaluator

Date