



SCHOLARSHIP VALIDATION FORM

Document No. : FM-SF-13-00

Effective Date: Sept. 10, 2018

CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

Muralla St., Intramuros Manila, Tel. No. 2475000 (loc 1203)

APPLICANT'S INFORMATION

Name		
Surname	First Name	Middle Name
Student Number	Program of Study & Year	Term Applied For
Name of Scholarship	Remaining Units Including This Term	Student No. of Sibling <i>(for Sibling Discount only)</i>
Address in Metro Manila		Name of Sibling <i>(for Sibling Discount only)</i>
		Contact Number/s
Residing at: ☐ Boarding House ☐ Parent's House ☐ With Guardian: _____		

I hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid, and will immediately disqualify my validation to this scholarship. I also allow Mapúa to use the said information for legitimate purpose specifically for the validation of scholarship, and allow the processing of such information by authorized personnel in accordance with the Data Privacy Policy of the University.

Signature above Printed Name

Date Submitted