



COLLEGE OF THE IMMACULATE CONCEPTION CABANATUAN CITY

A PAASCU - ACCREDITED SCHOOL

Office of the Student Affairs

APPLICATION FORM FOR ACADEMIC SCHOLARSHIPS

From Basic Education to Graduate School

Please check:

<input type="checkbox"/>	Pre-school/ Grade School Honor (Grades 2-6)	<input type="checkbox"/>	Junior High School Discount Honor (Grades 8-10)	<input type="checkbox"/>	Graduate School Students
<input type="checkbox"/>	Rank 1	<input type="checkbox"/>	Rank 1	<input type="checkbox"/>	*Summa cum laude/ Meritissimus
<input type="checkbox"/>	Rank 2	<input type="checkbox"/>	Rank 2	<input type="checkbox"/>	*Magna cum laude/ Benemeritus
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	*Cum laude/ Meritus
<input type="checkbox"/>	Grants for Honor Students				
<input type="checkbox"/>	Incoming Grade 7	<input type="checkbox"/>	more than 200	<input type="checkbox"/>	between 80 to 200
<input type="checkbox"/>	Incoming Grade 11	<input type="checkbox"/>	more than 200	<input type="checkbox"/>	between 80 to 200
<input type="checkbox"/>	Incoming Grade 12	<input type="checkbox"/>	Rank 1	<input type="checkbox"/>	Rank 2

STUDENT NUMBER: _____

FULL NAME

_____ Last _____ First _____ Middle

COURSE/ PROGRAM ENROLLED: _____

YEAR & SECTION: _____

CONTACT NUMBER: _____

I do hereby agree and give my consent to the College of the Immaculate Conception (CIC) and its employees and representatives, for the processing, release, and retention of my personal information, to pursue its legitimate interests as an educational institution. My personal information includes any information about my identity, academics, medical conditions, or any documents containing his/her identity. This includes but not limited to my name, address, names of my parents or guardians, date of birth, and other information necessary for school administration and instruction. Likewise, I hereby allow CIC and its employees and representatives to use and share my digital video and images on social media and any forms of digital and printed media for the school's promotion and advertising campaigns. I am fully aware that CIC and its employees and representatives may use and share such information to affiliated or partner organizations or with government agencies, and for the school's research activities, pursuant to Data Privacy Act of 2012 and CIC Data Privacy Manual.

I Agree.

SIGNATURE

DATE

INSTRUCTIONS:

- 1 Applications without the required documents or with incomplete information will not be processed. If you are unable to submit a document, please provide an explanation letter.
- 2 All given information will be kept confidential and will be used for the purpose of evaluating the student's Financial Aid application.
- 3 Submission should be completed prior to enrollment and settlement of fee




NOTE:


- 1 The Office of Student Affairs (OSA) assures the applicants of the confidentiality of their information, and that the sharing or use of which shall be limited only to its authorized personnel.
- 2 Any questions or clarifications regarding this application process may be directed to the Office of Student Affairs, email: officeofstudentaffairs@cic.edu.ph

PROCEDURE:

- 1 The applicant should submit the accomplished and signed application form together with the complete requirements to the Office of Student Affairs through email or directly to the office.

Reminder: If requirements will be sent through email, please submit in PDF or JPEG file.

 cic.cabanatuan  cic1926@cic.edu.ph  cic.edu.ph

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