



**ROMEO P. ARINIEGO, MD SCHOLARSHIP GRANT (RPAMDSG)**

**SCHOLARSHIP APPLICATION FORM**

**General Reminder:** This application form must be submitted to the Manager of The Registrar – Admissions, Scholarships and Testing Section (TRAST) together with the required documents **two (2) weeks** before the enrollment period.

**Date Filed:** \_\_\_\_\_  
Day Month Year

**Employee Applicant:** \_\_\_\_\_  
Last Name First Name Middle Name

**Marital Status:**  Single  Married

**Date Hired:** \_\_\_\_\_ **Job Title/Position:** \_\_\_\_\_  
Day Month Year

**Office Telephone/Local Number:** \_\_\_\_\_ **Length of Credited Service in Years:** \_\_\_\_\_

- Status of Availment**
- 1<sup>st</sup> Child/1<sup>st</sup> Availment
  - 2<sup>nd</sup> Child/1<sup>st</sup> Availment
  - 3<sup>rd</sup> Child/1<sup>st</sup> Availment
  - 2<sup>nd</sup> Child/2<sup>nd</sup> Availment
  - 3<sup>rd</sup> Child/2<sup>nd</sup> Availment
  - 3<sup>rd</sup> Child/3<sup>rd</sup> Availment
  - Others, please specify: \_\_\_\_\_

Dependent Scholar/s	School Year Enrolled	Year Level

**Please attach / submit the following documents together with this Scholarship Application Form:**

- Employment certificate
- Clear copy of the birth certificate
- Adoption papers if dependent is legally adopted
- Accomplished Scholarship Application Form
- Three (3) Letters of Recommendation
- Two (2) copies of 2x2 Color Picture
- Certified True Copy of Transcript of Records (TOR) and photocopy of College Diploma
- Prospectus of the College of Medicine
- Certificate of admission in the College of Medicine (Notice of Acceptance issued by the CM)
- Photocopy of the National Medical Admission Test (NMAT) Result-70% Rating and above
- Letter of Intent
- Copy of the Income Tax Return (ITR) of Parents

**Note: No application shall be processed if any of the abovementioned requirements is not submitted.**

I hereby certify that the above information is true and correct and that all the documents submitted are certified true copies of the original. Furthermore, any forgery or false information contained in this Scholarship Application Form is a ground for revocation of the scholarship.

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME OF THE EMPLOYEE-APPLICANT**

**ACTION TAKEN:**

- APPROVED**  **DISAPPROVED**

**ENDORSED:**

\_\_\_\_\_  
*Head, Scholarship*

**RECOMMENDED:**

\_\_\_\_\_  
*Manager*

\_\_\_\_\_  
*Registrar*

**APPROVED:**

\_\_\_\_\_  
*Vice Chancellor for Academics*

\_\_\_\_\_  
*Vice Chancellor for Shared Services*