

Itogon Educational Financial Assistance Program (IEFAP)

APPLICATION FOR HIGH SCHOOL and COLLEGE LEVEL

Under Municipal Ordinance No. 184, s. 2025

MO Form #04-26-IEFAP

TO BE FILLED-OUT BY APPLICANT

LAST NAME FIRST NAME

MIDDLE NAME

<i>Paste One</i> <i>2" x 2"</i> <i>new colored</i> <i>photo</i>
Applicant No. _____

Date of Birth: _____ Place of Birth: _____
Age: _____ Male Female Citizenship: _____
Residence: _____
Last School Attended: _____ School Year: _____
At which school you will enroll: _____

CLASS STANDING FROM THE LATEST SCHOOL ATTENDED: Grade: _____ General Average: _____

TO BE FILLED-OUT BY PARENT/GUARDIAN

Name of Parent/Guardian: _____ Occupation: _____
Name of Spouse: _____ Occupation: _____
Contact Number/s: _____
No. of Dependent Children: _____
No. of Employed Children: _____ No. of Unemployed Children: _____
Annual Family Income: _____
Address : _____

WE HEREBY DECLARE THAT THE ANSWERS GIVEN ABOVE ARE TRUE AND CORRECT:

(Date Accomplished) (Signature of Parent/Guardian) (Signature of Applicant)

DOCUMENTARY REQUIREMENTS

(To be Accomplished in Duplicate)

ACTION TAKEN/REMARKS

- 1. Latest school report card/transcript of records;
- 2. Barangay Certificate of residency and indigent;
- 3. School Certification stating that the student is not a recipient of any institutional scholarship or educational financial assistance from any source where the applicant is enrolled or intends to enroll;
- 4. Certificate of Good Moral Character from the last school attended;
- 5. Proof of enrollment or certificate of registration (Tertiary)
- 6. For ALS completers: Certification of ALS completion and equivalent passers