SCHOLARSHIPS FOR SY 2025 - 2026 (COLLEGE)

Modalities

- Full scholarship grant (full fees coverage and allowances book, uniform, living)
- Partial scholarship grant

Tytana reserves the right to assign the applicant to the different scholarship grants by Tytana and its scholarship benefactors based on the qualifications and the need of the applicant.

Qualifications

- Must be a Filipino citizen
- Must be qualified for admission at Tytana
- Must have a general weighted average of at least 87%, or its equivalent
- Must have a combined gross family income of not more than P400,000 for a family of four; or P100,000/capita if more than four in the family. This MAY be waived if the applicant is an honor student.
- Must have substantial extra-curricular and leadership involvements
- Must be of good moral character
- Must not enjoy other scholarship grants or financial assistances

Documentary requirements

READ THOROUGHLY.

Submit the following documents together with the duly accomplished Scholarship Application Form. The applicant must be the one to accomplish the form and affix his/her signature with one of his/her parents or legal guardian. Write clearly on the form using black ink only. Avoid erasures. Make sure to answer ALL ITEMS.

Only complete documents will be processed. Application will be processed on a first-come, first-served basis. The applicant must PERSONALLY submit the documents. Initial interview will be conducted during submission of application.

The scholarship benefactors might request for additional documents other than those enumerated below.

Deadline of submission of application form and ALL documentary requirements is on May 9, 2025 (Friday), 3:00pm.

Checklist of documentary requirements:

- Application Form
- o Parents'/Guardian's <u>detailed</u> personal letter about the family's financial situation justifying the need for financial assistance. The letter must answer the questions: why the family needs assistance, what are the sources of income of the family, what are the major expenses of the family, why the applicant deserves to receive a grant.
- One (1) pc. of 2x2 (on white background) most recent photograph of applicant. Paste (do not staple) photo in the application form.
- Photograph of applicant with family/guardian. Print name at the back of the picture.
- Proof of household income:

<u>For employed parents</u>: Most recent copy of Income Tax Return (ITR) or Certificate of Compensation Payment/Tax; Certificate of Employment and Compensation (including bonuses, allowances and commissions). Overseas Filipino Workers must submit copy of employment contract.

For selfemployed parents: Submit business permit, detailed description of business and latest income and expenses financial statement.

<u>For parents not filling an ITR</u>: Please indicate in the letter the reason for non-filing. Provide certified true copy of Certificate of Non-Filing from Bureau of Internal Revenue (BIR).

For retired parents/guardian: Submit retirement and/or pension voucher.

Siblings and other relatives currently helping out with the expenses of the family including educational expenses may be required to submit the above-mentioned documents.

- Proof of latest electricity and water billing statements. If statement is registered under a different name other than the applicant's parent/guardian, include a certification letter from property owner.
- Copies of certificates and/or Certification of Leadership, Extra/Co-curricular involvement of the applicant
- Two (2) letters of recommendation from teacher. Form is enclosed in the application form.

Deadline of submission of application form and ALL documentary requirements is on May 9, 2025 (Friday), 3:00pm.

FOR TYTANA'S USE ONLY

Course applied for

Initial Interview

| a. Senior | High school grade: | Grade 11 | Grade 12 | - |
|----------------------------------|---|-----------------------|-----------------------------|----------|
| b. Grade | 12 honors : | | | - |
| c. 2024/ | 2025 Total Annual F | Family Gross Income : | | |
| d. Water | bill: | Electricity bill: | | |
| Assessed by | : | | | |
| Pending Docur | nents : | | | |
| Schedule of FI | : | | | |
| Result of FI | : | | | |
| Final Result | : | | | |
| Grant | : | | | |
| | NS WITH INCOM S WILL NOT BE PR | | ION AND WITHOUT THE REQ | UIRED |
| | *Last name, Given na | ame. Middle name | | |
| Landline | | , | Paste 2x2" pho backgroun | |
| Mobile Number | | | Dackgroun | d fiere. |
| Email Address | | | | |
| Name of Senior High School | | | | |
| Address of Senior High School | | | | |
| Type of School | Public General Public Special (s Laboratory of S Private Sectaria | UC n | | |

LETTER OF UNDERTAKING

| Date: |
|--|
| MANILA TYTANA COLLEGES Student Affairs and Services Directorate Student Development and Activities Department Scholarships and Financial Aid Section |
| This is to formally signify my intention to apply for a scholarship grant in Manila Tytana Colleges. I understand that I have to undergo the complete process including the submission of all documentary requirements for my application to be considered. |
| I agree to submit myself to the criteria established by the Tytana Student Development and Activities Department or its partner grantors in the selection of qualified and deserving candidates and its procedures in the processing of my application. I understand that the decision of the Selection Committee is final and unappealable. |
| Respectfully yours, |
| Signature over Printed Name of Applicant |
| Signature over Printed Name of Parent/Guardian |

DATA PRIVACY CONSENT FORM

Dear Applicant:

Personal Data Protection Statement for Applicants

In the course of your application process with the Manila Tytana Colleges and its scholarship partners (together, "Tytana") for the SY 2025 - 2026 Tytana Scholarship Program, Tytana has collected or obtained, and will obtain or collect from time to time, personal data from you or in relation to you ("Personal Data"). Please note that your Personal Data has been or will be collected, processed, used and stored for purposes directly or indirectly relevant to your application for scholarship. Your Personal Data may also be used for Tytana's administration and management of applicants and for compliance with applicable laws and regulations.

By signing and returning this Consent Form to Tytana, you confirm that you consent to the collection, use, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of your Personal Data by Tytana as stated above and you undertake in turn to help Tytana to observe the requirements of the Data Privacy Act of the Philippines (Republic Act No. 10173), its implementing rules and regulations and other relevant issuances of the National Privacy Commission. The permission you are granting to Tytana shall be effective immediately and shall continue for a period of one (1) year from the date of this consent form or until graduation from Tytana for those who will be approved in the program (the "Permission Period), unless you inform us in writing of your decision to revoke your permission prior to the end of the Permission Period, in which case, Tytana shall immediately cease from collecting, using, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of your Personal Data.

Should you have questions regarding the privacy policy you may contact our Data Privacy Officer at (02) 8 859-0813 or email at dpo@mtc.edu.ph.

Student Affairs and Services Directorate Student Development and Activities Department

Scholarships and Financial Aid Section

Consent:

I hereby consent to the collection, use, recording, storing, organizing, consolidation, updating, disclosure, transfer, sharing and/or general processing of my Personal Data by Tytana in accordance with the terms of this Personal Data Protection Statement for Applicants.

Applicant's Signature over Printed Name Date:

Date of Birth Age Place of Birth Civil Status Religion Current Address: () Own home () Dormitory/Boarding House () Living with relatives () Others: Write complete address including house number, street, barangay, municipality/city, province, and zip code. Cost of two-way transport (cheapest rate): PhP Means of transport (bus, plane, boat, etc.): If the applicant is renting: Monthly rent: PhP Monthly lodging: PhP Who shoulders the expenses: Permanent Address (if different from current address): Write complete address including house number, street, barangay, municipality/city, province, and zip code. Cost of one-way transport (cheapest rate): PhP Means of transport (bus, plane, boat, etc.): How many times does the applicant go home to specified permanent address? Is the residence owned by the parents of the applicant? () Yes () No If not owned by parents, by whom? _____

I. PERSONAL DETAILS

II. EDUCATIONAL ATTAINMENT

| Name of Primary School: | |
|--|---|
| Address of Primary School: | |
| Year Graduated: | General Average: |
| | |
| (use additional sheet if necessary) | |
| Name of Junior High School: | |
| Address of JH School : | |
| | General Average: |
| (use additional sheet if necessary) | |
| Address of SH School Honors/Awards Received: | : : |
| (use additional sheet if necessary) | |
| | ear: PhP |
| Did the applicant enjoy any for program of the government. () | m of scholarship or financial aid in secondary school? This includes the ESC Yes () No |
| If yes, specify grant: | Total amount of grant: PhP |
| Who finances the applicant's sc () Parents () Sibling | • |
| Estimated amount of financial s | support? PhP |
| Is the applicant a working stude | ent? () Yes, full time () Yes, part time() No |
| 4 1 1 | |
| | |

| | nic Performance hould be accomplished by the | adviser and guidance counselor, a | and certified by the princ | ipal. | | |
|---------------|---|--|----------------------------|-------------|--|--|
| Name of scho | ool: | | | | | |
| Population o | of graduating class: | | | | | |
| | | 11: 12, First Semester : | | | | |
| | Subject | Quarter 1 | Quarter 2 | | | |
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| Remarks on | grading scale: | | | | | |
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| | | | | | | |
| | | | | | | |
| Signature ov | er printed name of teache | er/adviser | | | | |
| II-B. Charact | ter | | | | | |
| | | consistently maintained good er as of the date of application | | e having no | | |
| Signature ov | er printed name of guida | nce counselor | | | | |
| Attested by I | Principal (signature over p | printed name): | | | | |

III. FAMILY BACKGROUND

| Status of Relationship of Parents: | () Living together | () Separated | () Single |
|------------------------------------|--------------------|--------------------|-----------|
| | () Father deceased | () Mother deceased | |
| | () Others, | | |

| | Father | Mother | Guardian (if not living with parents) |
|---|--------|--------|--|
| Full Name | | | * ' |
| Birth Date | | | |
| Age | | | |
| Current Address | | | |
| Permanent Address (if different from current address) | | | |
| Contact Number | | | |
| Highest Educational | | | |
| Attainment | | | |
| School | | | |
| Living Abroad? Yes or No | | | |
| If employed | | | |
| Employer | | | |
| Address | | | |
| Position | | | |
| Previous Year's Gross Income | | | |
| If self-employed | | | |
| Nature of work | | | |
| Number of years in | | | |
| business | | | |
| Previous Year's | | | |
| Gross Income | | | |
| If unemployed | | Г | |
| Last company joined | | | |
| When | | | |
| Reason for being unemployed | | | |

| If the applicant is not living wit | h parents | | |
|--|--------------------------------------|--|-----------|
| What is the relationship to guar Does the guardian contribute to How much is the monthly contr | the family expenses? | () Yes () No PhP | |
| Siblings | | | |
| Total Number of Siblings : Number of Working Sibling/s : Number of Studying Sibling/s : | | | |
| Use additional sheet if necessary | 7. | | |
| | Sibling 1 | Sibling 2 | Sibling 3 |
| Name | | | |
| Birth Date | | | |
| Age | | | |
| Civil Status | | | |
| If with children, | | | |
| indicate how many | | | |
| Permanent Home Address | | | |
| Currently living with | | | |
| family? (Yes/No) | | | |
| If No, indicate if he/she is | | | |
| living abroad or not | | | |
| Contact Number | | | |
| Highest Educational | | | |
| Attainment | | | |
| School | | | |
| Received Scholarship? | | | |
| (Yes/No) | | | |
| School fees per year | | | |
| (if student) | | | |
| Occupation or Year/Grade | | | |
| Level | | | |
| Employer | | | |
| Business Tel. No. | | | |
| Average Monthly Income | | | |
| Does any of the applicant's siblic Who contributes? | r? () Yes () No htribution? () 1x | mily's expenses? () Yes ()? a month () 2x a month () | |

Relatives

| Does the applicant have any relatives (whether in the Philipp expenses? () Yes () No | pines or abroad) who contribute to the family's |
|---|---|
| If yes, how much is the average monthly contribution? If assistance is not in cash, what kind of help do they give? | PhP |

Household companions

Does the applicant have any house companions other than parents and siblings? () Yes () No $\,$

Use additional sheet if necessary.

| | Companion 1 | Companion 2 | Companion 3 |
|-------------------------------------|-------------|-------------|-------------|
| Name | | | |
| Relationship to Student | | | |
| Age | | | |
| Civil Status | | | |
| Mobile Number | | | |
| Occupation/ Year or | | | |
| Level (if student) | | | |
| Employer/ School | | | |
| Average Monthly Income | | | |
| Sharing with house expenses? Yes/No | | | |

IV. HOUSEHOLD ECONOMIC BACKGROUND

FAMILY INCOME (Annual Gross)

| Combined Annual Pay (father, mother) | PhP |
|--|-----|
| Combined Annual Pay (siblings - if living under same | |
| house) | |
| Income from Business | |
| Income from Land Rentals | |
| Income from Res/Bldg Rentals/Lease | |
| Retirement Benefits/Pension | |
| Commissions | |
| Financial Support from Relatives | |
| Bank Deposits | |
| Others (Specify) | |
| Others (opechy) | |
| Total Annual Income | PhP |

FAMILY EXPENSES (Monthly)

| House Rental | PhP |
|--|-----|
| Food and Grocery | |
| Loan /Amortization (specify) | |
| Transportation/Gasoline | |
| Education Plan Premiums | |
| Insurance Policy Premiums | |
| SSS/GSIS/PAG-IBIG Loans | |
| School/Office Uniform/Clothing | |
| School Allowance | |
| Utilities (Electricity, Water, Cable, Phone, Internet) | |
| Medicines | |
| Recreation | |
| Others (specify) | |
| Total | PhP |
| Sub-total x 12 months | PhP |

| FAMILY EXPENSES (Annual) | | | | |
|---|---|--|--|--|
| School Tuition and Fees | PhP | | | |
| Withholding Tax | | | | |
| SSS/GSIS/PAG-IBIG Contribution | | | | |
| Insurance, Plans (per Year) | | | | |
| Others (specify) | | | | |
| | | | | |
| Sub-total | PhP | | | |
| Total Annual Expenses (Monthly + Annual) | PhP | | | |
| If annual expenses are higher than annual income, pleas | e explain how you cover for the deficit. | | | |
| What are the sources of income of the household? Pleas () Salaries or wages () Commissions () Practice of profession () Business () Retirement pension () Others: Does any member of the family household have credit can | () Remittances from abroad () Real estate rentals | | | |

References

Immediate and extended family are not allowed to be used as reference. Preferred persons are high school teacher, guidance counselor/principal, or family friend.

| Name | Relation to | Company | Contact Number |
|------|-------------|---------|----------------|
| | Applicant | | |
| 1. | | | |
| | | | |
| 2. | | | |
| | | | |

V. VICINITY MAP

| Draw a map that shows how to get from your residence to Tytana. State landmarks and names of major streets and use an "X" to indicate your house in the map. | | | | |
|--|---------------------------------------|--|--|--|
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| DECLADATION OF ACCUIDATENESS AND | A COMPLETENESS OF INFORMATION | | | |
| DECLARATION OF ACCURATENESS AND COMPLETENESS OF INFORMATION We hereby certify that all the information and documents submitted are accurate and complete. We understand that any misinformation and/or withholding of information will automatically disqualify the undersigned applicant from receiving any financial assistance, or subsidy, and may serve as a basis for the cancellation of the scholarship grant that may be awarded by the College. Furthermore, if such misinformation and/ or withholding of information on our part is discovered after the Tytana Scholarship Grant has been awarded, it is to our knowledge that we will be required to reimburse full amount received thru the scholarship grant without prejudice to the filing of charges against us. | | | | |
| Signature over Printed Name of Applicant | Signature over Printed Name of Parent | | | |
| Date | Date | | | |

VII. RECOMMENDATION FORM

Instructions to the applicant: Please fill out the entries on the upper half of the form. The applicant must submit two (2) recommendations from any one of the following (preferably the one who knows you best) - (a) SHS teacher/adviser, (b) SHS guidance counselor, (c) SHS principal.

| Please PRINT all entries. | | | | | |
|---------------------------------|--|---|--------------------------|--|--|
| To be filled out by the ap | plicant | | | | |
| NAME OF APPLICAN | | | | | |
| | Last | Given | Middle | | |
| Applying for (course) | | | | | |
| To be filled out by the SF | IS teacher/adviser, SHS guidance | counselor, or SHS principal | | | |
| | | for Scholarship at Manila Tytan kindly answer the items below as | | | |
| Is the applicant a recip Yes No | ient of financial assistance/scl | nolarship in SHS? | | | |
| | information about the applichation hout scholarship? Yes _ | cant's family to say that they w | ill not be able to send | | |
| Will the applicant's far | mily be able to send him/her t | o Tytana even without scholarsh | ip? | | |
| _ | n below in case you have a academic ability. Use back por | ny comments about the application if necessary. | ant's qualifications for | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name (please print) | | | | | |
| Position | | | | | |
| Signature | | Date | | | |
| Please return this apprais | al to the applicant in a sealed en | velope with your signature across the | seal. | | |

VII. RECOMMENDATION FORM

Instructions to the applicant: Please fill out the entries on the upper half of the form. The applicant must submit two (2) recommendations from any one of the following (preferably the one who knows you best) - (a) SHS teacher/adviser, (b) SHS guidance counselor, (c) SHS principal.

| Please PRINT all entries. | | | | | |
|---------------------------------|---|--|--------------------------|--|--|
| To be filled out by the ap | plicant | | | | |
| NAME OF APPLICAN | | | | | |
| | Last | Given | Middle | | |
| Applying for (course) | | | | | |
| To be filled out by the SF | IS teacher/adviser, SHS guidance | e counselor, or SHS principal | | | |
| | | for Scholarship at Manila Tytana kindly answer the items below as | | | |
| Is the applicant a recip Yes No | ient of financial assistance/sci | nolarship in SHS? | | | |
| | information about the applichout scholarship? Yes | cant's family to say that they wi | ll not be able to send | | |
| Will the applicant's far | mily be able to send him/her | to Tytana even without scholarsh | ip? | | |
| _ | n below in case you have a academic ability. Use back po | ny comments about the application if necessary. | ant's qualifications for | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature | | Date | | | |
| Please return this apprais | al to the applicant in a sealed en | velope with your signature across the | seal. | | |