

LRN (DEPED) No. \_\_\_\_\_  
First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Course: \_\_\_\_\_

**FOR CHED SCHOLARS ONLY**

Account Number: \_\_\_\_\_  
Implementing Agency: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Total Amount Benefit: \_\_\_\_\_

**OTHER GOVERNMENT PROGRAMS**

4P's Household ID No. \_\_\_\_\_  
Listahan ID No. \_\_\_\_\_

**INCOME**

Household Income: \_\_\_\_\_  
Total Number of Dependents: \_\_\_\_\_

**DOCUMENTS SUBMITTED**

Income Tax Return (ITR)

BIR Tax Exemption

Cert. of Financial Incapacity

Brgy. Certificate of Indigency

4Ps ID

DSWD Certificate of Indigency