



**OFFICE OF THE MAYOR  
Taguig City, Philippines**

**LIFELINE ASSISTANCE FOR NEIGHBORS' IN-NEED  
SCHOLARSHIP APPLICATION FORM  
For Bar/Board Review Assistance Applicants**

Recent  
2x2  
ID Picture  
(taken in the last 6  
months)

**Instructions:**

1. PRINT all entries. Place an X in the appropriate blanks.
2. Be HONEST and ACCURATE with your answers.

Date: \_\_\_\_\_

Graduated as L.A.N.I. Scholar?  Yes  No If yes, under which type of Scholarship? \_\_\_\_\_

How many semesters were you a L.A.N.I. Scholar prior to this application? \_\_\_\_\_ No. of Semester

<b>Review</b>	This is a one-time assistance for residents who have already graduated, and are preparing for their licensure/board or bar examinations.
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***Please provide 2 sets of all the documents. All photocopied documents to be submitted should be faithful reproduction of the original. Bring the original copies of documents for validation purposes. Ask for the "Receiving Copy" upon submission.***

<b>REQUIREMENTS TO BE SUBMITTED</b>	
<input type="checkbox"/> Filled-up Application with 2X2 Recent Picture	<input type="checkbox"/> Copy of the Application Form submitted to the PRC for board examinees or Supreme Court in case of Bar Reviewees
<input type="checkbox"/> Copy of Certificate of Graduation	<input type="checkbox"/> Notice of Admission (NOA) issued by PRC
<input type="checkbox"/> Endorsement from the Dean of the school	<input type="checkbox"/> Voter's Certification of the applicant
<input type="checkbox"/> Certifying that the applicant is about to take the Board or bar examination	<input type="checkbox"/> Voters Certification issued by the COMELEC showing that at least one of the parents of the applicant is a registered voter ( <i>Issued after the May 13,2019 election</i> )
<input type="checkbox"/> Certificate of Good Moral Character	
<input type="checkbox"/> Valid ID back to back (photocopy)	
<input type="checkbox"/> Other necessary documents to facilitate the processing of your scholarship application (TOR)	

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_

Barangay: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Years of Residency in Taguig: \_\_\_\_\_

Gender:  Male  Female Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Have you been the object of any disciplinary action in school?  Yes  No

Have you been accused or convicted of any offense/crime?  Yes  No

If the answer to any of the last 2 questions above is "Yes," please provide details:

\_\_\_\_\_

Are you working?  Yes  No. Where? \_\_\_\_\_ Gross monthly salary: P \_\_\_\_\_

**COURSE and SCHOOL**

Course: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Board/Bar Exam To Take: \_\_\_\_\_

Exam Date(s): \_\_\_\_\_ 1<sup>st</sup> take?  Retake?

***Complete Application must be submitted at least two (2) weeks before the board or bar examination date.***

**EDUCATIONAL BACKGROUND**

Name of Schools Attended	School Type (Indicate if Public or Private)	School Address	Year Started - Year Graduated	Honors/Awards Received (if any)
Graduate Studies (if any)				
College				
High School				
Elementary				

**FAMILY BACKGROUND**

	FATHER ( ) Living ( ) Deceased	MOTHER ( ) Living ( ) Deceased	HUSBAND/WIFE (If Married)
Name			
Address			
Contact No.			
Occupation			
Place of Work			
Highest Educational Attainment			
Ave. Monthly Income			

Residence: \_\_\_\_ Owned by family \_\_\_\_ Owned by relatives \_\_\_\_ Renting \_\_\_\_ Paying-to-own \_\_\_\_ Others (pls specify): \_\_\_\_ If renting or paying-to-own, how much are you paying monthly?: P \_\_\_\_  
 Does the family have any outstanding loan? \_\_\_ Yes \_\_\_ No. If yes, how much (total)? P \_\_\_\_ What was the loan or loans used for? \_\_\_\_\_  
 How much is your latest monthly electric bill?: P \_\_\_\_ How much is your latest water bill?: P \_\_\_\_  
 Number of siblings in the family (including applicant): \_\_\_\_ . Please fill out information below about your siblings:

Name	Age	Marital Status (M or S)	Highest Educational Attainment (as of date)	If working, indicate where they work & their average monthly income

*I hereby certify that **ALL** the answers given above are **TRUE and CORRECT** to the best of my knowledge, and the attached documents are **FAITHFUL REPRODUCTION** of the original copies. I further acknowledge that **ANY ACT OF DISHONESTY OR FALSIFICATION MAY BE A GROUND FOR MY DISQUALIFICATION** from this scholarship program. Thank you very much.*

\_\_\_\_\_  
 Printed Name & Signature of Applicant

Attested by: \_\_\_\_\_  
 Printed Name & Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

***Investing in education, investing in the City's Foundation!***