|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| University of the Philippines Los Baños | Application No. |  |  |  | New Applicant |  | Old Applicant |
| **OSA-SFAD Form 4K-1: ECL SFAP Application Form** |  | Semester/Midyear Academic Year | 20 |  | - | 20 |  |
| Revised November 2018 |  |

**EDELWINA C. LEGASPI STUDENT FINANCIAL ASSISTANCE PROGRAM**

**A P P L I C A T I O N F O R L O A N**

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|  |  |  |
|  |  |  |
|  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Amount of Loan (in words): |  |  | ₱ |  |
| Purpose of Loan: |  | Due Date of Payment: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name: |  |  |  |  |  |
|  | (Surname) |  | (First Name) |  | (M.I.) |
| Student’s No.: |  | College: |  | Degree: |  | Classification: |  |
| SAIS No.: |  | Tel./Mobile No.: |  | Email Address: |  |
| Name of Parent: |  |  |  |  |  |
|  | (Surname) |  | (First Name) |  | (M.I.) |
| Permanent Home Address: |  |  |  |
|  | (House No./Street/Subdivision) |  | (Barangay) |
|  |  |  |  |
|  | (Town/City) |  | (Province) |

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| **CERTIFICATE OF ACADEMIC STANDING** |
|  |
| This is to certify that the academic standing of Mr./Ms. |  | as of  |
|  | Semester S.Y.  | 20 |  | 20 |  | is |  | . |
|  |
|  | Certified by: |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | College Secretary |  | Date |  |
|  |

**PROMISSORY NOTE/LOAN AGREEMENT**

I promise to pay the Edelwina C. Legaspi Student Financial Assistance Program the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(₱\_\_\_\_\_\_\_\_\_\_\_\_) granted to me during the\_\_\_\_\_\_\_Semester/Midyear 20\_\_\_\_\_ -20\_\_\_\_\_ with an interest rate of 8% per annum paid on or before the due date indicated above. I understand that in case of delayed payment, I will be charged an additional interest of 12% per annum thereafter until the time I pay the loan.

I agree to adhere to the deadline of payment and I understand that failure to comply shall mean that I may not be able to register in the succeeding semester nor be given clearance from the University.

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| --- | --- | --- |
|  |  |  |
| Attested by: | Pls. check: | Student’s Signature Above Printed Name |
|  |  |  | Parent |  |
|  |  |  |  |  |
|  |  |  | UPLB Faculty/REPS/Staff |  |
| Signature Above Printed Name |  |  |
|  |  |  |

**COMMITTEE’S ACTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Approved: |  |  |  | Disapproved: |
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|  |  |  |
|  |  |  |
| Member, ECL SFAP |  | Member/Chairman, ECL SFAP |

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| Note: This form is valid until |  | . If not used, return this form to SFAD-OSA for cancellation of your loan application. |

**EDELWINA C. LEGASPI STUDENT FINANCIAL ASSISTANCE PROGRAM**

**GENERAL POLICIES/GUIDELINES**

1. QUALIFICATIONS
2. Applicant must be a Filipino, of good moral character and a bona fide UPLB student.
3. All undergraduate students are eligible except incoming freshmen, transferees and cross registrants.
4. Applicant’s academic status during the last semester should not be lower than warning status.
5. Applicant must not be currently a beneficiary of similar assistance from another fund under the administration of the Scholarships and Financial Assistance Division, Office of Student Affairs.
6. APPLICATION REQUIREMENTS AND PROCEDURE
7. The applicant must submit the following:
* Application form duly accomplished by the student and attested by the parent or UPLB Faculty/employee. The form includes the certificate of scholastic standing to be signed by the college secretary. Forms may be obtained from the Scholarships and Financial Assistance Division, Office of Student Affairs, Room 6, Window 2, 2/F Student Union Bldg., UPLB.
* Original and duplicate copy of the current semester’s eUP SAIS generated U. P. Form 5 – Certificate of Registration.
1. Once the form has been approved and signed by two committee members, a check indicating the amount of the loan will be issued to the student.
2. The applicant must have the check signed by two committee members. Once signed, the check may now be encashed at the Philippine National Bank – UPLB Branch.
3. PAYMENT OF LOAN AMOUNT AND INTEREST
4. The loanable amount is up to ₱5,000.00 per semester depending on the student’s need with an interest of 8% per annum. A loan agreement will be accomplished by all qualified applicants attesting their willingness to pay back the amount being borrowed plus interest. A loan should be paid on or before the end of the semester/term (last day of classes) during which it was borrowed. The period for payment of a loan may no longer be extended for another semester/term.
5. A student who is unable to settle his loan on time will be charged an interest rate of 12% per annum from due date until the loan is paid. Furthermore, until he pays his loan, he cannot borrow again nor can he be cleared from the University.
6. All repayments of loans should be coursed through Edelwina C. Legaspi Student Financial Assistance Program at the Office of Student Affairs, Scholarships and Financial Assistance Division, Room 6, Window 2, 2/F Student Union Bldg., UPLB.

**DATA PRIVACY CONSENT FORM**

 The undersigned, one of the applicants/grantees of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has given permission to the OSA staff, in charge of the scholarship/financial assistance in the collection, lawful use, and disclosure of my personal information which may include my student number, name, contact information, address, course, academic performance (i.e. number of units enrolled, subject's with grade/s obtained) and grant details.

 I, further confirm that the OSA and other appropriate offices in the University are authorized to provide the above information to legitimate officers/institutions requesting specific information in relation to the awarding/renewal of my scholarship/financial assistance within the specified academic period.

 This consent enables the OSA to comply with R.A. 10173, otherwise known as the Philippine Data Privacy Act of 2012.

 I certify that the information given above is true and correct.

 I consent to the processing of my personal and sensitive personal information contained in this form and in documents submitted for my scholarship/financial assistance application for the purpose of enabling the University of the Philippines System including all the relevant System and Constituent University Offices to verify my identify, prevent fraud, process my application, determine whether I am qualified to avail of my scholarship or other similar financial or other assistance, conduct research using non identifiable information in order to study the effectiveness of the University's scholarships and other financial assistance programs and assess how to improve the systems for the selection and execution of scholarship/financial assistance programs.

 I further expressly agree that the concerned System and/or CU office may directly obtain all my relevant student records whether in electronic or paper based format in order to verify the information contained in my application for the purpose of determining my eligibility for the scholarship and other financial assistance from the relevant UP Registrar, disciplinary board or tribunal and other University offices.

 I expressly authorize the University to provide information required by the scholarship/financial assistance funders or sponsors for the purpose of enabling the latter to determine whether or not to continue to provide financial and other assistance with the assurance that the University will require such parties to observe strict compliance with the Philippine Data Privacy Act and other related laws and issuances when they process my personal and sensitive personal information.

 I understand that the University of the Philippines including System and CU offices are authorized to process my personal and sensitive personal information without need of my consent pursuant to the relevant portions of Sections 4, 12, and 13 of the Philippine Data Privacy Act.

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| Signature over printed name of student |
| Date: |  |

If the student is a minor:

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| Signature over printed name of parent/guardian |
| Date: |  |