

SCHOLARSHIPS AND FINANCIAL ASSISTANCE DIVISION
Office of Student Affairs
UPLB, College, Laguna

APPLICATION FOR _____ Semester SY 201____ 201____

(Scholarship/Study Grant being applied for)

Student No: _____ College: _____ Classification: _____ Course: _____
Name of Applicant: _____ Citizenship: _____
Place and Date of Birth: _____ Civil Status: _____
Permanent Address: _____ Telephone Number: _____
Campus Address: _____ Mobile Number: _____
e-mail Address: _____ Other Contact Number: _____

Family Background:

Father: _____ Occupation: _____ Annual Gross Income: _____
Mother: _____ Occupation: _____ Annual Gross Income: _____

(If both parents are unemployed, state source of income/livelihood)

Brother and Sister:

	<u>Age</u>	<u>Civil Status</u>	<u>Name of School</u>	<u>Scholarship Enjoyed</u>	<u>If working, state Income</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(use additional sheet if necessary)

If applicant is married	Name of Children	Age	Checklist of documents: ____ ITR ____ TCG (previous semester) ____ Form 5 ____ HS cert of ranking ____ Form 138 ____ Birth Certificate ____ Birth Certificate
Name of Spouse: _____	_____	_____	
Occupation: _____	_____	_____	
Annual Gross Income: _____	_____	_____	
P _____	_____	_____	

Educational Background (for freshman applicant):

For Old Student Applicant

Name of High School: _____	Last semester completed: _____ Semester 20____ 20____
School year graduated: _____	Previous Semester's Ave: _____ Units Earned: _____
Rank in graduating class: _____	General Weighted Ave: _____ Total Units Earned _____
Total number of graduates: _____	Current Classification: _____
General Average: _____	Certified Correct by: _____
	College Secretary

Please answer:

- 1) Are you enjoying any scholarship, financial assistance, employment or other privileges in the university? _____
Outside the university? _____, if the answer is "yes" to either or both, specify nature and amount of grant or salary _____.
- 2) Are you staying: (a) with parents/guardian? (yes or no) _____
(b) with relatives? (yes or no) _____ if yes, where? _____
(c) Boarding house? (yes or no) _____ if yes, where? _____
- 3) Do your parents (a) own real properties? (yes or no) _____ if yes, Market Value (MV) P _____
(b) rent? (yes or no) _____ if yes, monthly rental P _____

I hereby certify that all the statement above are true and correct:

Signature of Applicant: _____ Date: _____

(cont at the back >)

Please attach to your application the following:

1. One (1) photo 2 x 2
2. Income Tax Return & BIR form 2316 of parents
3. For applicants already enrolled in the University, please submit also the following:
 - a) Form 5 (current semester)
 - b) True Copy of Grades (TCG) during the previous semester/s)
 - c) For graduate students, transcript of records, program of study
4. Certification of good moral character from college and student disciplinary tribunal (from former school, if Incoming freshman)
5. Birth certificate
6. One (1) letter of recommendation from former professor

For New Freshman Applicants, submit the following:

1. UPLB admission slip
2. Principal's certificate on student's rank and size of graduating class
3. Form 138

DATA PRIVACY CONSENT FORM

The undersigned one of the applicants/grantees of the _____,

has given permission to the UPLB-OVCSA, Office of Scholarships and Grants (UPLB OVSCA-OSG) staff, in charge of scholarship/financial assistance in the collection, lawful use and disclosure of my personal information which may include my student number, name, contact information, course, academic performance (i.e number of units enrolled, subject's with grade/s obtained and grant details

I, further confirm that the UPLB-OVCSA-OSG 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 UPLB OVCSA-OSG to comply with R.A. 10173, otherwise known as the Data Privacy Act of 2012.

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

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

I further expressly agree that the concerned System and/or CU office may directly detain all my relevant student records wether 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 or 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 funders or sponsors for the purpose of enabling the latter to determine wether or not to continue to provide finacial 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 section 4.12 and 13 of the Philippine Data Privacy Act.

Signature over printed name

Date: _____

If the student is a minor

Signature over printed name of parent/guardian

Date: _____