

**UNIVERSITY OF THE PHILIPPINES MANILA
OFFICE OF STUDENT AFFAIRS**

APPLICATION FOR SCHOLARSHIP/STUDY GRANT

_____ (Scholarship/Study Grant being applied for)

Name of applicant: _____ Course: _____ Year Level: _____
Student No.: _____

Please indicate: Degree course at the time of application: () 1st degree () 2nd degree
With Intention to shift () Yes () No. If yes, specify _____
Shiftee/transferee () Yes () No. If yes, specify _____ When: _____
No. of units left at the time of application: _____
Are you on MRR? () Yes () No

Place of Birth: _____ Date of Birth: _____ Citizenship: _____ Civil Status: _____
Permanent Address: _____ Zip Code: _____ Tel.No. _____
City Address: _____ Zip Code: _____ Tel.No. _____
Address on Campus: _____ Mobile No. _____ Email address: _____

Father: _____ Occupation: _____ Salary: _____
If retired, year of retirement: _____ If with pension, Amount: _____
Mother: _____ Occupation: _____ Salary: _____
If retired, year of retirement: _____ If with pension, Amount: _____
If both parents are unemployed, state reason/s
(e.g. retired, old age, health, etc. source of livelihood) _____ Amount: _____
(or contribution from other sources like relatives, etc.) _____
If self-employed, state type of business _____ Earnings per year P _____
Guardian: _____ Occupation: _____ Salary: _____ Relation: _____

(If applicant is employed)

(last 5 years, please start with the most recent)

Employer:	Address & Tel No.	Period of Employment	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If applicant is married)

Name of Husband/Wife: _____ Occupation: _____ Salary: _____

Name of Children: _____ Age: _____

(For unmarried applicant only)

Name of Brother & Sisters	Age	Civil Status	If working state income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use additional sheet if necessary)

Please answer:

1. Are you enjoying any scholarship, financial assistance, or other privileges in the University?
Yes () No (). Outside the University? Yes () No (). If the answer is "yes" to either or both, specify name, nature and amount of grant or scholarship: _____
2. Do your parents: (a.) own real properties? Yes () No ().
If yes, specify: _____ Market value: _____
Others: (ex. Cars, stocks, etc.) Market value: _____
3. If applicant's parents are separated, state support being given by father/mother: _____
4. If applicant is married but separated:
State if husband/wife giving support: _____ Amount: _____

I hereby certify that all the statements above are true and correct.

Signature of Applicant

Name in Print

Deadline for filing: _____

Date of Application: _____

Please attach the following:

1. One photo 2"x2"
2. Income Tax Return and W2 of parents. If applicant is working, his/her Income Tax Return and W2. If married attached also ITR and W2 of spouse (if income is derived from business, attach income statement).
BIR Certificate of Exemption
3. For applicants already enrolled in the University, please submit also the following:
 - (a) Form 5 (previous semester/s)
 - (b) True copy of grade (previous semester)
 - (c) Certification of year level standing (i.e. 1st year, etc.)
 - (d) For Graduate Students: transcript of academic records, program of study
4. Certification of good moral character. (From former school if incoming freshman)
5. Birth Certificate.
6. Others (i.e., for PASUC, Presidential, Leadership, Tuition, Foreign, etc.):
Letter of recommendation from the President of the Institute; study leave with pay; nomination from home government; letter of financial support; 3 letters of recommendation from former professors, recommendation/certification of good moral character from former/current employers; lists of accomplishments arranged by levels, i.e. in high school, college and community duly authenticated by the appropriate authority; Notice of Admission or Form 5 if already enrolled; Certification from the College of your remaining units and that you are not on MRR.

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 any personal information which may include may 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 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 Data Privacy Act of 2012.

I certify that all the information contained in my scholarship application form and documents submitted in connection with the same are 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 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 any 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 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 scholarships 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 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.

Signature over printed name of student

Date _____

If the student is a minor

Signature over printed name of parent/guardian

Date _____