
 : PHOTO :
 : :
 : :

BIO - DATA

 1. SURNAME FIRST NAME MIDDLE NAME : 2. SEX : 3. CIVIL STATUS
 : [] male : [] single [] widow
 : [] female : [] married [] separated

 4. COLLEGE STUDENT NUMBER : 5. DEGREE PROGRAM
 :

 6. ST SYSTEM DISCOUNT : 7. CITIZENSHIP
 :

 8. PLACE OF BIRTH : 9. DATE OF BIRTH : 10. HEIGHT (m) : 11. WEIGHT (kg)
 :

 12. ADDRESS : 13. MOBILE NO.
 :

 14. NAME OF FATHER : PLACE OF BIRTH : 15. NAME OF MOTHER : PLACE OF BIRTH
 :

 16. EDUCATION : NAME OF SCHOOL : DEGREE/UNITS : INCLUSIVE DATES : HONORS
 : COLLEGE/UNIVEERSITY: EARNED : OF ATTENDANCE : RECEIVED

 --- ELEMENTARY : : : :
 SECONDARY : : : :
 COLLEGE : : : :

 17. AWARDS/HONORS RECEIVED

 18. SEMINARS/CONFERENCES ATTENDED : SPONSORS : INCLUSIVE DATES
 :

 19. MEMBERSHIP IN ORGANIZATIONS : :
 NAME OF ORGANIZATIONS : POSITION : INCLUSIVE DATES

 I declared under penalties of perjury that the answers given above are true and correct to the best of my knowledge and behalf.

 : Thumbmark :
 _____ : _____
 Date Accomplished : Signature

(NOTE: Attach photocopy of Form 5 with Official Receipt for the current Sem. and grades/True Copy of Grades for the previous semester)

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 _____