



# UNIVERSITY OF THE PHILIPPINES ISKOLAR NG BAYAN PROGRAM

## APPLICATION FORM

*Print legibly all information required. Only accomplished application forms will be processed.*

### Student Profile

NAME (Last Name, First Name, Middle Name)

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

PERMANENT ADDRESS:

\_\_\_\_\_

TELEPHONE NUMBER:

\_\_\_\_\_

MOBILE NUMBER:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

FATHER'S NAME (Last Name, First Name, Middle Name):

\_\_\_\_\_

MOTHER'S NAME (Last Name, First Name, Middle Name):

\_\_\_\_\_

DATE OF BIRTH (Month, Day, Year):

\_\_\_\_\_

PLACE OF BIRTH (City/Town, Province):

\_\_\_\_\_

CITIZENSHIP:

\_\_\_\_\_

IS THIS YOUR FIRST TIME TO ENROLL IN COLLEGE?

YES

NO

(Name of college/university: \_\_\_\_\_

Year level: \_\_\_\_\_ )



2X2 ID Photo

### High School Information

HIGH SCHOOL WHERE YOU COMPLETED YOUR SECONDARY LEVEL EDUCATION (Do not abbreviate):

\_\_\_\_\_

HIGH SCHOOL ADDRESS (City/Town, Province, Region):

\_\_\_\_\_

DATE OF GRADUATION FROM HIGH SCHOOL (Month, Day, Year):

\_\_\_\_\_

HONOR/S RECEIVED ON YOUR LAST YEAR IN HIGH SCHOOL:

\_\_\_\_\_

NAME OF HIGH SCHOOL PRINCIPAL (Last Name, First Name, Middle Name):

\_\_\_\_\_

HIGH SCHOOL TELEPHONE NUMBER:

\_\_\_\_\_

HIGH SCHOOL EMAIL ADDRESS:

\_\_\_\_\_

### Attachments

- Submit a certification from your high school, duly signed by the principal, that you belong to the Top 10 of your graduating class.
- If you are applying for automatic admission, submit a certified True Copy of Grades OR your Transcript of Records from which your General Weighted Average can be computed for ranking purposes.



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## UP Campus applied for

CHOOSE ONE FROM AMONG THE FOLLOWING:

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> UP Baguio  | <input type="checkbox"/> UP Diliman Extension<br>Program in Pampanga | <input type="checkbox"/> UP Mindanao           |
| <input type="checkbox"/> UP Cebu    | <input type="checkbox"/> UP Los Baños                                | <input type="checkbox"/> UP Open University    |
| <input type="checkbox"/> UP Diliman | <input type="checkbox"/> UP Manila                                   | <input type="checkbox"/> UP Visayas – Iloilo   |
|                                     |  | <input type="checkbox"/> UP Visayas – Tacloban |

PREFERRED COURSE IN YOUR CHOSEN CAMPUS (See list of Undergraduate Degree Programs offered in your chosen campus):

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

## Certification

I affirm that all the information supplied in this application form are true, complete, and accurate. I am aware that the information furnished in this application may be checked and that giving false information will disqualify me/will be a basis for dismissal. I also understand that no results for my application may be released until all requirements are satisfied.

Furthermore, I understand that the information in this form may be used for research, and I consent to such with the assurance that my details will be kept secure

**SIGNATURE OF STUDENT:** \_\_\_\_\_

**DATE ACCOMPLISHED:** \_\_\_\_\_

I certify that the information which my daughter/son/dependent has provided in this application form is true, complete, and accurate.

I recognize that I share with my daughter /son/dependent the responsibility for the veracity and completeness of the information supplied herein in signing this application form.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## CU Student Affairs / Scholarship personnel

RECEIVED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_