



Bicol University

Legazpi City, Philippines

**Application for Scholarship/ Financial Grant
Acknowledgement**

Scholarship/ Financial Grant being applied for: _____

☐☐

Semester SY:

Please **CHECK** Internal ☒ External ☐ Government Grant

- PLEASE TAKE NOTE CAREFULLY**
- 1. Please fill up this form **LEGIBLY**.
 - 2. **ALL** sections must be completed.

Please paste
your **RECENT**

3. Applications received after the deadline **WILL NOT** be considered.
4. Please attach all **ORIGINAL COPY/PHOTO COPY** of requirements.
5. Incomplete applications **WILL NOT** be acted upon favourably by the Office.

Passport Size

Picture Here

PERSONAL INFORMATION									
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth		Civil Status		Cellular Phone Number		Email Address			
CURRENT STATUS									
College/ Campus			Degree/ Course/Major		Year Level	No. of Units Enrolled		Student Status <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
If FRESHMAN			High School Graduated from				Date Graduated		
			BUCET Result		High School General Average				
FAMILY BACKGROUND									
Father's Name/Spouse				Occupation					
Mother's Name/Spouse				Occupation					
Annual Family Income		PHP		Number of Siblings/children in the Family					
Home Address	House Number		Street				Barangay		
	Municipality		Province			Zip Code			
If boarding or staying with the Relatives	House Number		Street				Barangay		
	Municipality		Province			Tel/Cell phone Number			
AGREEMENT									
I HEREBY CERTIFY that all information indicated in this form and on the documents attached in this application for scholarship/ financial grant/ tuition fee discount are true and correct and that any concealment or misrepresentation of facts therein found will adversely affect my application. Further, I/We, the undersigned hereby certify that I/We explicitly and unambiguously consent to the collection, processing, sharing, storing of my/our personal information by OSAS for the purpose/s described in this Privacy Policy, I/We hereby certify carefully understood and comprehend the terms above before giving our consent.									
APPLICANT		Signature over Printed Name					Date		
PARENTS/ GUARDIAN If the applicant is below 18 years old		Signature over Printed Name					Date		

NOTICE OF ACKNOWLEDGEMENT											
STUDENT's COPY		Please produce three (3) photocopies of this notice <i>1 copy for the Registrar, 1 copy for the Student Affairs Coordinator, and 1 copy for the Bookkeeper</i>									
Name						College/ Campus					
Course and Year Level											
Scholarship/ Financial Grant being applied for				For Billing							
				For Tuition Fee Discount		with the percentage of		%			
		Internal		Full Tuition & Other Assessed Fees							
		External		Full Tuition Fee Discount							
		Government Grant or Financial Assistance		Full Tuition Fee Discount with Matriculation							
C E R T I F I C A T I O N This is to certify that all requirements have been complied with in accordance to BOR Resolution No.40 s 2000 that "only applications for scholarship or enrolment with privilege with complete requirements shall be acted upon favourably by the BU OSAS".				For Acknowledgement only							
				For the University Scholarship and Financial Grants-in-Aid Officer				Date		____ semester	
										S.Y. 20____-20____	

6. Applications must be **filed in person**.

