



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.

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.

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

Please paste your **RECENT Passport Size** Picture Here

PERSONAL INFORMATION

Last Name

First Name

Middle Name

Gender

☐ Male ☐ 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

☐ Regular ☐ 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

Signature over Printed Name

Date

If the applicant is below 18 years old

NOTICE OF ACKNOWLEDGEMENT

STUDENT's COPY

Please produce three (3) photocopies of this notice

1 copy for the Registrar, 1 copy for the Student Affairs Coordinator, and 1 copy for the Bookkeeper

Name

College/ Campus

Course and Year Level

Scholarship/ Financial Grant being applied for

For Billing

For Tuition Fee Discount with the percentage of %

Internal

External

Government Grant or Financial Assistance

Full Tuition & Other Assessed Fees

Full Tuition Fee Discount

Full Tuition Fee Discount with Matriculation

CERTIFICATION

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 the University Scholarship and Financial Grants-in-Aid Officer

Date

____semester
S.Y. 20____-20____