

**COLLEGE OF MEDICINE**  
University of the Philippines Manila

**APPLICATION FOR FINANCIAL AID**  
For Academic Year AY 2026-2027

Name of Applicant			
	SURNAME	FIRST NAME	MIDDLE NAME

SEX	CIVIL STATUS	CITIZENSHIP	INTARMED (Y/N)	INCOMING LU	STS Bracket

DATE OF BIRTH	PLACE OF BIRTH	RELIGION

HOME ADDRESS		
PERMANENT ADDRESS		
BOARDING HOUSE ADDRESS		

Telephone Number (Landline)	
Cell phone Number	
Email Address	
Parent/s Contact Number	

PARENTS / GUARDIAN	NAME	AGE	OCCUPATION / PROFESSION	COMPANY / ADDRESS	ANNUAL INCOME (ITR)
FATHER					
MOTHER					
GUARDIAN					

Who is/are sponsoring / financing your medical education?

Name:

Relationship:

Occupation / Profession:

Company / Address:

BROTHER / SISTER	AGE	CIVIL STATUS	EDUCATIONAL ATTAINMENT	SCHOOL	OCCUPATION / PROFESSION	COMPANY / ADDRESS

Do you / your family own vehicle/s? (Y)\_\_\_ (N)\_\_\_                      How many? \_\_\_\_\_  
 What type of vehicle/s, please specify \_\_\_\_\_

Do your parent/s own / inherit:

	Market Value	Place
Real Property (e.g Land, House)		
Personal Property (e.g Car)		
Intangible Property (e.g Shares of Stocks )		
Business		

Please Answer the Following Questions:

1. Are you enjoying any scholarship, financial assistance, employment or other privileges in the University? \_\_\_\_\_ Outside the University? \_\_\_\_\_ If YES to either or both, please specify nature and amount of grant or salary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you living with your parent/s? \_\_\_\_\_ Guardian? \_\_\_\_\_

3. Please enumerate / list down appliances that you / your family own (Piano, Computer, TV, etc.). Indicate number

\_\_\_\_\_

\_\_\_\_\_

4. If you were awarded a scholarship grant, are you willing to abide by whatever conditions set forth by the scholarship grant?

\_\_\_\_\_

\_\_\_\_\_

5. If you were awarded a scholarship grant, how do you propose to show your appreciation to the:

Donor?

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College?

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Administration?

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

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Parent's Signature over Printed Name

Requirements: (please bring original and photocopy of the following documents)

1. 1pc. 2x2 picture (please attach in the upper right corner of the application form)
2. Latest ITR of parents / guardian (*if your parents do not have an ITR, please submit an Affidavit of Non-filing of Income Tax from BIR*)
3. **TCG (for LU 4-7 and incoming LU 3 INTARMED)  
TOR (for freshmen)**
4. Birth Certificate (PSA)
5. Two (2) Letter of Recommendation (from past professors, mentors)
6. Letter of Intent
7. 1 – 2 paragraph narrative on why you need the financial aid/assistance
8. Latest Billing (e.g Meralco, MWSS, PLDT, Cell Phone Billing)
9. Barangay Clearance and CEDULA

**Please address your letters to: Dr. Jose Leonard R. Pascual V**

Chair, Committee on Student Scholarships, Awards & Honors  
UP College of Medicine

Deadline of Submission: **May 29, 2026**