

COLLEGE OF MEDICINE
University of the Philippines Manila

COMMITTEE ON STUDENT SCHOLARSHIP / STUDY GRANT

For Academic Year _____

Name of Applicant			
	SURNAME	FIRST NAME	MIDDLE NAME

SEX	CIVIL STATUS	CITIZENSHIP	INTARMED (Y/N)	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
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? _____

College? _____

Administration? _____

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 (attach in the upper right corner of the Application form)
2. Latest ITR of parents / guardian
3. TCG / TOR
4. Birth Certificate
5. Two (2) Letters of Recommendation (from past professor, mentors)
6. Letter of Intent (Why do you need scholarship grant / assistance)
7. Latest Billing (e.g Meralco, MWSS, PLDT, Cell Phone Billing)
8. Barangay Clearance and CEDULA
9. 1-2 paragraph on why you need the scholarship

Please address your letters to: Dr. Andrew D. Dimacali

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

Deadline of Submission: _____