



**APPLICATION FOR SCHOLARSHIP/GRANTS/DISCOUNTS\*\*\***

\_\_\_ Semester A.Y. 20\_\_ - 20\_\_, Summer A.Y. 20\_\_ - 20\_\_  
 \_\_\_ 1<sup>st</sup> / \_\_\_ 2<sup>nd</sup> / \_\_\_ 3<sup>rd</sup> / \_\_\_ 4<sup>th</sup> / \_\_\_ 5<sup>th</sup> Year Level

<b>IMPORTANT:</b> Kindly <b>CHECK</b> appropriate SCHOLARSHIP/GRANTS/DISCOUNTS <input type="checkbox"/> <b>NEW</b> <input type="checkbox"/> <b>RENEW</b>	
1. JPL/SHL President's Scholarship Grant	4. Resident Scholarship
2. Entrance Scholarship	4.1 Full
2.1 Valedictorian	4.2 Partial
2.2 Salutatorian	5. Discount
2.3 First Honorable Mention	5.1 Sibling Discount
2.4 Baccalaureate Honor Graduate	5.2 Alumni Discount
2.5 Editor-in-Chief	5.3 PD 577
3. General Trias Mayor's Scholarship	5.4 Others, specify:

**REMINDER:** Submit this **FORM** on or before \_\_\_\_\_.

APPLICATION DATE		STUDENT NO.	
NAME IN PRINT (SN, FN, MI)			
COURSE		MAJOR	
ADDRESS			
CONTACT NOS.	PHONE		MOBILE
SCHOOL LAST ATTENDED			
SCHOOL ADDRESS			
HONORS/AWARDS/ SCHOLARSHIPS RECEIVED (Attach additional papers if needed)			

**IMPORTANT:** To be filled out by APPLICANT for **SIBLING DISCOUNT**.  
 For **NEW APPLICANT** please attach a photocopy of NSO Birth Certificate, a photocopy of EAF (Enrolment Assessment Form) and a photocopy of OR (Official Receipt) of the Siblings currently enrolled. For **RENEWAL** kindly attach a photocopy of your current EAF and OR of the siblings.

NAME OF BROTHER/S /SISTER/S CURRENTLY ENROLLED	1.	
	2.	
	3.	
STUDENT NUMBER/COURSE OF SIBLINGS	1.	
	2.	
	3.	

**IMPORTANT:** To be filled out by APPLICANT for **ALUMNI DISCOUNT**.  
 For **NEW APPLICANT** please attach a photocopy of Certificate of Graduation and a photocopy of ALUMNI ID of Father/Mother who graduated from LPU. For **RENEWAL** kindly attach a photocopy of your current EAF and OR.

NAME OF FATHER/MOTHER WHO GRADUATED FROM LPU: (For Mother, please include the maiden name)	
COURSE OF FATHER/MOTHER	DATE GRADUATED

RESULT:  APPROVED  DISAPPROVED For SCHOLARSHIP COMMITTEE only.

COMMENTS:

COMMITTEE MEMBER	NAME LOURDES C. REYES	SIGNATURE WITH DATE
COMMITTEE MEMBER	NAME DR. RAMON C. MANIAGO	SIGNATURE WITH DATE
CHAIRPERSON	NAME MARIA TERESA O. PILAPIL	SIGNATURE WITH DATE

\*\*\* Applicable to LPU-Cavite Campus Only

By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understand the terms and conditions of the Data Privacy Policy of the Lyceum of the Philippines University (LPU). By providing personal information to LPU, I am confirming that the data is true and correct. I understand that LPU reserves the right to revise any decision made on the basis of the information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may rise in connection with the processing of my personal information will be settled amicably with LPU before resorting to appropriate arbitration or court proceedings within the Philippine jurisdiction. Finally, I am providing my voluntary consent and authorization to LPU and its duly authorized representatives to lawfully process my/my child's data/information.

Signature over printed name  
Date: \_\_\_\_\_