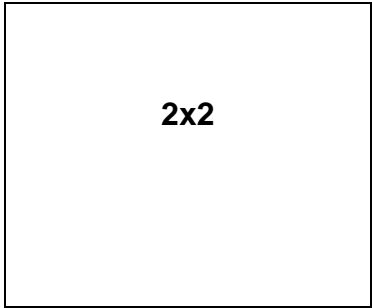




LPU
LYCEUM OF THE PHILIPPINES UNIVERSITY
MANILA · MAKATI · BATANGAS · LAGUNA · CAVITE · DAVAO



JPL-SHL SCHOLARSHIP APPLICATION FORM

Examination Date:	
Courses Applied For:	1. 2. 3.

Type or print clearly. Fill out the application form completely. Place NA if Not Applicable

PERSONAL DATA

Last Name															
First Name															
Middle Name															
Permanent Address															
Telephone No.				Mobile No.				E-mail Add.							
Age				Birthplace				Sex							
Citizenship					Civil Status										

• EDUCATION

	Name of School	Location	Year Graduated
Senior High School			
Junior High School			
Elementary			
Indicate academic honors/award previously received			Date Received
List of Scholarships / Grants held at present or in past		Sponsor/Source	Date Covered

EXTRA CURRICULAR INVOLVEMENT

(List of organizations in which you hold membership or in which you were active in the past)

Name of Organization	From - To	Position

FINANCIAL INFORMATION										
Father's Name				Occupation				Annual Income		
Mother's Name				Occupation				Annual Income		
Guardian's Name				Occupation				Relationship		
No. of Employed	Sisters		Brothers		No. of Unemployed	Sisters		Brothers		
Give information which might be helpful in the consideration of your application.										

APPLICANT'S CERTIFICATION

By affixing my signature on this form, I hereby acknowledge and certify that I have carefully read and understood 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 information I provided should the information be found to be untrue or incorrect. I likewise agree that any issue that may arise 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. (If REPRESENTATIVE, signature over printed name)

 Signature over printed name
 Date: _____

TO BE FILLED UP BY THE ADMISSIONS STAFF ONLY						
Requirements Submitted		Upper 10% Certification		Certificate of Good Moral Character		Birth Certificate
Remarks						
Application Status		Approved		Conditional		
Application Processed By				Date		