

REGISTRAR'S OFFICE

APPLICATION FOR SCHOLARSHIP/GRANTS/DISCOUNTS

2nd Semester A.Y. 20 22- 2023, Special Term A.Y. 20__ - 20__
__ 1st / __ 2nd / __ 3rd / __ 4th / __ 5th Year Level

IMPORTANT: Kindly **CHECK** appropriate SCHOLARSHIP/GRANTS/DISCOUNTS **NEW** **RENEW**

1. JPL/SHL President's Scholarship Grant	5. Discount
2. Entrance Scholarship	5.1 Sibling Discount
2.1 Valedictorian	5.2 Alumni Discount
2.2 Salutatorian	5.3 PD 577
2.3 First Honorable Mention	5.4 Regular Employee Discount (Tuition Fee only)
2.4 Baccalaureate Honor Graduate	a.) For Self
2.5 Editor-in-Chief	b.) For a Child
3. General Trias Mayor's Scholarship	5.5 Others, specify:
4. Resident Scholarship	
4.1 Full	
4.2 Partial	

REMINDER: Submit this **FORM** on or before **March 15, 2023**.

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	SIGNATURE WITH DATE
COMMITTEE MEMBER	NAME	SIGNATURE WITH DATE
CHAIRPERSON	NAME	SIGNATURE WITH DATE

Signature over printed name
Date: _____

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.