



DepEd – DIVISION OF QUEZON

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Cell # 09175824627 or at www.depedquezon.com.ph
"Creating Possibilities, Inspiring Innovations"

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May 10, 2018

DIVISION MEMORANDUM

DM No. 124, s. 2018

ISKOLAR NG BAYAN GUIDELINES

To: **Assistant Schools Division Superintendent, Curriculum Instruction Division, School Governance Operations Division, Public Schools District Supervisors, Elementary and Secondary School Heads, Teachers and all others concerned**

1. The University of the Philippines Office of Admission had issued a memo detailing the guidelines on admissions to UP through the Iskolar ng Bayan (INB) Act for AY 2018 -2019 on April 13, 2018. The office of Student Affairs (OSA)/ UP Diliman Office of Scholarships and Student Services (OSSS) shall accept and screen the applications of its respective CU. Recipients of each CU shall be selected by its respective Committee on Scholarships and Financial Assistance (CFSA) and confirmed by the University Committee on Students Affairs (UCSA).
2. Attached herewith is the Memorandum RAG 2018 – 11 from the OSFA of University of the Philippines for schedule, registration period and application form.
3. You may also use the following for reference and guidance;
 - Memo No. ACM 2018 -12 re SY Admission through the Iskolar ng Bayan Law
 - Guidelines for the Iskolar ng Bayan Program for SY 2018 -2019 and
 - Updated version of the Iskolar ng Bayan application form.
4. Immediate dissemination of this Memorandum is desired.

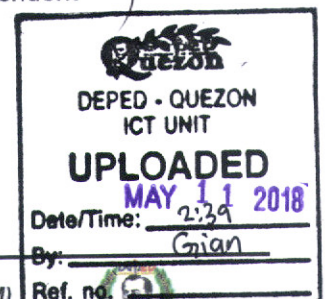

MERTHEL M. EVARDOME, CESO VI
Schools Division Superintendent

hrdcmdc05/10/2018

DEPEDQUEZON-TM-SDS-04-009-000

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DTS #K9659



OFFICE OF STUDENT FINANCIAL ASSISTANCE UNIVERSITY OF THE PHILIPPINES

2nd Flr., Admin Bldg., Acacia Residence Halls, UP Diliman Campus, Quezon City 1101
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Memorandum RAG 2018 - 11

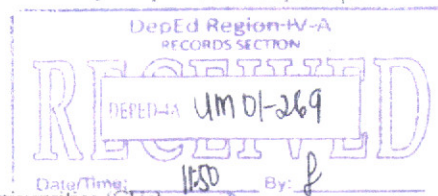
Date: 25 April 2018

To: Heads of Student Affairs Offices of Constituent Universities (CUs)

Cc: University Registrars of CUs
Director of the UP Office of Admissions

From: **RICHARD PHILIP A. CONZALO**
Assistant Vice President for Academic Affairs (Student Affairs)
Director, UP Office of Student Financial Assistance

Subject: **Iskolar ng Bayan Guidelines for AY 2018 - 2019**



The UP Office of Admissions has issued a memo detailing the guidelines on admissions to UP through the Iskolar ng Bayan (INB) Act for AY 2018 – 2019 on April 13, 2018. The Office of Student Affairs (OSA) / UP Diliman Office of Scholarships and Student Services (OSSS) shall accept and screen the applications of its respective CU. Recipients of each CU shall be selected by its respective Committee on Scholarships and Financial Assistance (CSFA) and confirmed by the the University Committee on Student Affairs (UCSA).

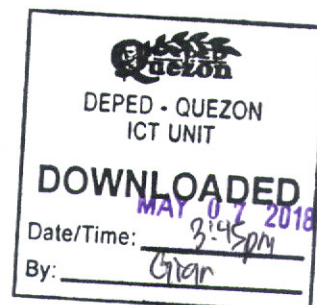
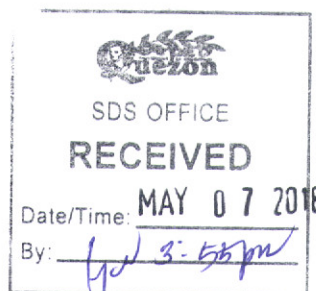
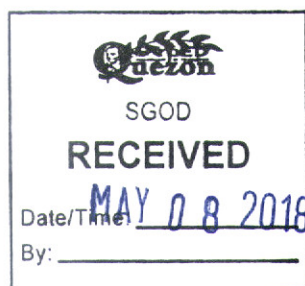
To guide the OSA / OSSS, the following schedule shall be observed to be time for the early registration period for freshmen:

Filing of INB applications	April 30 – May 18, 2018
Screening and selection of recipients by CU CSFA	May 21 – June 1, 2018
Confirmation of recipients by UCSA	June 8, 2018

Attached are the following for your reference and guidance:

- Memo No. ACM 2018 – 12 re SY 2018 Admissions through the Iskolar ng Bayan Law;
- Guidelines for the Iskolar ng Bayan Program for SY 2018 – 2019; and
- Updated version of the Iskolar ng Bayan application form.

/rds





ISKOLAR NG BAYAN PROGRAM UNIVERSITY OF THE PHILIPPINES

University of the Philippines System, UP Diliman Campus, Quezon City 1101

APPLICATION FORM

Any recent
Passport-sized
or 2" x 2"
ID photo

Applicant's Profile

FULL NAME (Surname, Given, Middle): _____

PERMANENT ADDRESS (Street Address/Apartment/Subdivision, Barangay, Municipality/City, Province, ZIP code, Region): _____

CURRENT ADDRESS (Street Address/Apartment/Subdivision, Barangay, Municipality/City, Province, ZIP code, Region): _____

FATHER'S NAME (Surname, Given, Middle): _____

MOTHER'S MAIDEN NAME (Surname, Given, Middle): _____

BIRTHDATE (DD/MM/YYYY): ____/____/____ SEX AT BIRTH: ☐ Male ☐ Female ☐ Others

BIRTHPLACE: (Municipality/City, Province): _____

CITIZENSHIP: ☐ Filipino ☐ Others, please specify _____

LANDLINE NUMBER: _____

CELLPHONE NUMBER: _____

E-MAIL ADDRESS: _____

IS THIS YOUR FIRST TIME TO ENROLL IN COLLEGE?

☐ Yes ☐ No, please specify name of previous college/university attended _____

Target Constituent University (Choose One)

☐ UP Baguio

☐ UP Manila

☐ UP Cebu

☐ UP Mindanao

☐ UP Diliman – Quezon City Campus

☐ UP Open University

☐ UP Diliman – Pampanga Campus

☐ UP Visayas – Iloilo Campus

☐ UP Los Baños

☐ UP Visayas – Tacloban Campus

PREFERRED COURSES (Assignment to preferred undergraduate program is subject to the availability of slots and evaluation of the University):

1st PRIORITY: _____

2nd PRIORITY: _____



ISKOLAR NG BAYAN PROGRAM UNIVERSITY OF THE PHILIPPINES

University of the Philippines System, UP Diliman Campus, Quezon City 1101

High School Information

NAME OF HIGH SCHOOL WHERE YOU GRADUATED: _____
HIGH SCHOOL ADDRESS (Municipality/City, Province, Region): _____
NAME OF HIGH SCHOOL PRINCIPAL (Surname, Given, Middle): _____
HIGH SCHOOL LANDLINE NUMBER: _____ HIGH SCHOOL E-MAIL ADDRESS: _____
DATE OF GRADUATION FROM HIGH SCHOOL (DD/MM/YYYY): ____/____/_____
HONOR/S RECEIVED ON YOUR LAST YEAR IN HIGH SCHOOL: _____

Attachment

Applicant must submit a certification from his/her high school, duly signed by the principal, that he/she belongs to the Top Ten (10) of the graduating class.

Certification

I affirm that all the information supplied in this application form are true, complete, and accurate. I am aware that the information furnished in this application may be checked and that giving false information will disqualify me / will be a basis for dismissal. I also understand that no results for my application may be released until all requirements are satisfied.

Furthermore, I understand that all information I provide in this form may be used by the University for research and I consent to such with the assurance that my personal details will be kept secure.

SIGNATURE OF APPLICANT: _____ DATE(DD/MM/YYYY): ____/____/_____
NAME OF APPLICANT: _____

I certify that the information which my son/daughter/dependent has provided in this application form is true, complete, and accurate.

I recognize that in signing this application form, I share my son/daughter/dependent the responsibility for the veracity and completeness of the information supplied herein.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE(DD/MM/YYYY): ____/____/_____
NAME OF PARENT/GUARDIAN: _____

For CU OSA/UPD OSSS Personnel

RECEIVED BY: _____ DATE RECEIVED (DD/MM/YYYY): ____/____/_____
NOTES/REMARKS: _____