MEMORANDUM TO:

OIC- Office of the Assistant Schools Division Superintendent  
Chief Education Supervisors, CID and SGOD  
Secondary School Principals  
Officers-in-Charge  
Public Schools

SCHOLARSHIP PROGRAM: ISKOLAR NG BAYAN PROGRAM 2019, UNIVERSITY OF THE PHILIPPINE

Attached is Regional Letter No. 163, s. 2019 dated June 28, 2019 re: Scholarship Program: Iskolar ng Bayan Program 2019, University of the Philippines, content of which is self-explanatory, for reference and guidance.

Immediate and wide dissemination of this Memorandum is desired.

JOEL T. TORRECAMPO  
Asst. Schools Division Superintendent  
Officer-in-Charge  
Office of the Schools Division Superintendent

July 5, 2019
To: Schools Division Superintendents

Dear Sirs / Mesdames:

Attached is an emailed letter, dated June 25, 2019, from Iskolar ng Bayan, re: Scholarship Program: Iskolar ng Bayan Program 2019, University of the Philippines. The contents of which are self-explanatory for reference and guidance.

Very truly yours,

TOLENTINO G. AQUINO
Schools Division Superintendent
OIC - Office of the Assistant Regional Director
Officer-In-Charge

Regional Letter No. 169

neap.hrd./jam

Work toward excellence... play to win!
Fwd: Iskolar ng Bayan Program 2019 University of the Philippines (for graduating/graduate Grade 12 students)

1 message

Iskolarng Bayan <iskolarngbayanprogram2019@gmail.com>  Bcc: ncr@deped.gov.ph

Tue, Jun 25, 2019 at 8:39 PM

---------- Forwarded message ----------
From: Iskolarng Bayan <iskolarngbayanprogram2019@gmail.com>
Date: Tue, Jun 25, 2019 at 8:17 PM
Subject: Iskolar ng Bayan Program 2019 University of the Philippines (for graduating/graduate Grade 12 students)
To: <action@deped.gov.ph>, <depedlayo@deped.gov.ph>, <eleanor.briones@deped.gov.ph>

Good day,

May we request your good office to please kindly disseminate to your respective constituents.

Thank you.

Applicants must accomplish the Iskolar ng Bayan Application Form and submit all required documents to the OSA/OSE of the CU where s/he will enroll. Requirements must be submitted on or before 1 July 2019.

ELIGIBILITY

To be eligible to the Iskolar ng Bayan program, the applicant:

- Must be a Filipino citizen;
- Has graduated from any public HS in the country within 2 years prior to SY 2019;
- Must provide a certification from the public HS duly signed by the school principal of the rank of the applicant in the Top Ten of the graduating (Grade 12) class;
- Must be enrolling for the first time in college and has no credited college subjects;
- If applying through automatic admission (i.e. did not take the UFCAT, but satisfies all other eligibility requirements), the applicant must:
  - Apply to a UF campus that is within the region of his/her high school [see Region Assignment in Table 1];
  - Submit a certified True Copy of Grades/Transcript of Records from which his/her SWA can be computed for purposes of ranking in lieu of the UFCAT;
- If applying to a CU in a region outside of his/her high school (with the exception of Open University), s/he shall be subject to the applicable provisions of Section 5, Rule II of RA 9364:
  - After taking the SUC’s entrance exam (UFCAT2019), s/he must have obtained a rating designated by UF as the minimum for a student to qualify — this is the UF/UPA minimum cut-off of the CU for its degree program.
APPLICATION FORM

Student Profile

NAME (Surname, Given, Middle):

__________________________

STUDENT NUMBER: ___________ COLLEGE: _______________________

COURSE: ________________________ SEX AT BIRTH: [ ] Male [ ] Female

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): ___/___/____ 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 ____________________________

Constituent University

[ ] UP Baguio

[ ] UP Cebu

[ ] UP Dilliman – Quezon City Campus

[ ] UP Dilliman – Pampanga Campus

[ ] UP Los Banos

[ ] UP Manila

[ ] UP Mindanao

[ ] UP Open University

[ ] UP Visayas – Iloilo Campus

[ ] UP Visayas – Tacloban Campus

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): ___/___/____

HONORS RECEIVED ON YOUR LAST YEAR IN HIGH SCHOOL: ____________________________
<table>
<thead>
<tr>
<th>GI</th>
<th>Province/City</th>
<th>Region Description</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP BAGUO</td>
<td>Baguio</td>
<td>Cordillera Administrative Region</td>
<td>CAR</td>
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<tr>
<td>UP CELEB</td>
<td>Cebu</td>
<td>Central Visayas Region</td>
<td>Region VII</td>
</tr>
<tr>
<td>UP DILIMAN</td>
<td>Quezon City</td>
<td>National Capital Region</td>
<td>NCR</td>
</tr>
<tr>
<td>UP LOS BAÑOS</td>
<td>Pampanga</td>
<td>Central Luzon</td>
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<td>Manila</td>
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<td>NCR</td>
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<tr>
<td>UP OPEN UNIV</td>
<td>Davao Del Sur</td>
<td>Davao Region</td>
<td>Region XI</td>
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<td>Region VI</td>
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<td>Leyte</td>
<td>Eastern Visayas Region</td>
<td>Region VIII</td>
</tr>
</tbody>
</table>

Filing of INB Applications: 10 June 2019 (Monday) to 1 July 2019 (Monday)
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 may 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 STUDENT: ___________________________ DATE (DD/MM/YYYY): __/_/___

NAME OF STUDENT: ___________________________

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:

This INB application form AY 2018 – 2019