

July 16, 2019

DIVISION MEMORANDUM

No. 410, s. 2019

ISKOLAR NG BAYAN PROGRAM 2019 OF THE UNIVERISTY OF THE PHILIPPINES

To: Assistant Schools Division Superintendent
CID and SGOD Chiefs
CID and SGOD Personnel
Public Schools District Supervisors
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. Hereto attached is Regional Memorandum No. 0344 s. 2019, entitled “**Iskolar ng Bayan Program 2019 of the University of the Philippines**”, for the information and guidance of all concerned.
2. Refer to the attached documents for further details.
3. Immediate dissemination of this MEMORANDUM is desired.


RHEA MAR A. ANGTUD, Ed. D. CESO VI
Schools Division Superintendent 

DG 24 6475

RD



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII, GITNANG VISAYAS
REGION VII, CENTRAL VISAYAS
Sudlon, Lahug, Cebu City



JUL 0 8 2019

REGIONAL MEMORANDUM

No. 0344, s. 2019

Iskolar ng Bayan Program 2019 of the University of the Philippines

TO: All Schools Division Superintendents/OICs
All Others Concerned

1. For the information and guidance of all concerned, attached is a communication from the Iskolar ng Bayan, regarding its Iskolar ng Bayan Program 2019 of the University of the Philippines.
2. Attention is invited to page 1 of the said communication, relative to the requirements of the said program's eligibility. A copy of its application form is also attached for reference.
3. Immediate dissemination of this Memorandum is enjoined.

SALUSTIANO T. JIMENEZ LLB, CESO V
Director III
OIC-Regional Director

RD
ARV

Office of the Director (ORDir), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4542
Field Technical Assistance Division (FTAD), Tel. Nos.: (032) 414-7324 Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7323
Quality Assurance Division (QAD), Tel. Nos.: (032) 231-1071 Human Resource Development Division (HRDD), Tel. No.: (032) 255-5239
Education Support Services Division (ESSD), Tel. No.: (032) 254-7062 Planning, Policy and Research Division (PPRD), Tel. Nos.: (032) 233-9030;
414-7065 Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8061; 414-7321

"EFA 2015: Karapatan ng Lahat, Pananagutan ng Lahat"



Fwd: Iskolar ng Bayan Program 2019 University of the Philippines (for graduating/graduate Grade 12 students)

Iskolarn Bayan <iskolarnbayanprogram2019@gmail.com>
Bcc: region7@deped.gov.ph

Tue, Jun 25, 2019 at 8:39 PM

----- Forwarded message -----

From: **Iskolarn Bayan** <iskolarnbayanprogram2019@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>, <depedtayo@deped.gov.ph>, <leonor.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/OSG 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 SY2019;
- 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 UPCAT, but satisfies all other eligibility requirements), the applicant must:
 - Apply to a UP 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 GWA can be computed for purposes of ranking in lieu of the UPG;
- 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 2, Rule II of RA 10648:
 - After taking the SUC's entrance exam (UPCAT2019), s/he must have obtained a rating designated by UP as the minimum for a student to qualify - this is the UPG/UPAI minimum cut-off of the CU for its degree programs.

CU
UP BAGUIO
UP CEBU
UP DILIMAN
UP LOS BAÑOS
UP MANILA
UP MINDANAO
UP OPEN UNIV
UP VISAYAS
SYSTEM

PROVINCE/CITY	REGION	
Baguio	Cordillera Administrative Region	CAR
Cebu	Central Visayas Region	Region VII
Quaron City	National Capital Region	NCR
Pampanga	Central Luzon	Region III
Laguna	CALABARZON	Region IV-A
Manila	National Capital Region	NCR
Davao Del Sur	Davao Region	Region XI
N/A	All Regions	
Iloilo	Western Visayas Region	Region VI
Leyte	Eastern Vizayas Region	Region VIII

Filing of INB Applications | 10 June 2019 (Monday) to 1 July 2019 (Monday)

 INB application form (2).pdf
320K

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 - After taking the SUC's entrance exam (UPCAT2019), s/he must have obtained a rating designated by UP as the minimum for a student to qualify - this is the UPCAT/UPCAT minimum cut-off of the CU for its degree programs.

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PROVINCE/CITY	REGION	
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Leyte	Eastern Visayas Region	Region VIII



ISKOLAR NG BAYAN PROGRAM
UNIVERSITY OF THE PHILIPPINES

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

APPLICATION FORM

Student Profile

NAME (Surname, Given, Middle):
STUDENT NUMBER: COLLEGE:
COURSE: SEX AT BIRTH: [] Male [] Female

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

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 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

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:



ISKOLAR NG BAYAN PROGRAM
UNIVERSITY OF THE PHILIPPINES

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

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 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: