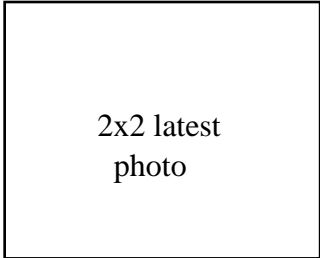


Device Loan Program Application

University of the Philippines
 COLLEGE OF EDUCATION
 Diliman, Quezon City



Name			
Student Number		Year of Official Admission in CEEd	
Course upon acceptance		Current Course	
Date of Birth		Place of Birth	
Other scholarships/aids availed			
Parents and/or Guardian			
Name	Address	Occupation	Monthly Net Income
Household members			
Relationship	Age	Status	Occupation
Student's Employment Status (if applicable)			
Company		Self-Employed?	
Position/Work		Net Income per Month	
Other sources of income			
Family member being supported by student			
Do you have any medical condition requiring considerable expenses? If yes, what is it?			
Does any of your family members/household have a medical condition requiring considerable expenses? If yes, what is it?			
References (at least two; include Program Adviser)			
Name	Position	Institution	Contact Details

Note: Submit this form with supporting documents

I attest that the above information is true and correct. I also consent to the handling of my personal information of concerned offices/personnel in the College for the processing of my application for the Device Loan Program.

 Printed Name and Signature