



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region VII, Central Visayas
SCHOOLS DIVISION OF NEGROS ORIENTAL
www.depednegor.net

July 10, 2019

DIVISION MEMORANDUM

No. 36 s. 2019

ISKOLAR NG BAYAN PROGRAM 2019 OF THE UNIVERSITY OF THE PHILIPPINES

TO : Assistant Schools Division Superintendents
Chiefs, CID & SGOD
DEPSs/SEPs/EPSS II/Division Coordinators
District Supervisors/District In-Charge
Public Secondary and Elementary School Heads
All Others Concerned

1. Herewith is Regional Memorandum No. 0344, s. 2019, announcing the Iskolar ng Bayan Program of the University of the Philippines for all qualified graduating/graduate Grade 12 students.
2. For the information and guidance of all concerned, please see attached requirements.

WILFREDA D. BONGALOS, PH.D., CESO V
Schools Division Superintendent

7/10/19

12 JUL 2019



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



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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 *ATW*
OIC-Regional Director

RD
ARV

Office of the Director (ORD), Tel. Nos.: (032) 231-1433; 231-1309; 414-7399; 414-7325; Office of the Assistant Director, Tel. No.: (032) 255-4840
Field Technical Assistance Division (FTAD), Tel. Nos.: (032) 414-7324; Curriculum Learning Management Division (CLMD), Tel. Nos.: (032) 414-7325
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) 353-9050;
414-7065; Administrative Division, Tel. Nos.: (032) 414-7326; 414-4367; 414-7366; 414-7322; 414-4367
Finance Division, Tel. Nos.: (032) 256-2375; 253-8961; 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)

Iskolarng Bayan <iskolarngbayanprogram2019@gmail.com>
Bcc: region7@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: <anton@dped.gov.ph>, <depedtayo@dped.gov.ph>, <leonbr.brones@dped.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 USA/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 purpose 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 10649:
 - After taking the CU's entrance exam (UPCAT 2019) s/he must have obtained a rating designated by UP as the minimum for a student to qualify - this is the UPG/UEA minimum cut-off of the CU for its degree programs.

CU	PROVINCE/CITY	REGION	
UP BAGUIO	BaguiO	Cordillera Administrative Region	CAR
UP CEBU	Cebu	Central Visayas Region	Region VII
UP DILIMAN	Quason City	National Capital Region	NCR
	Pampanga	Central Luzon	Region III
UP LOS BAÑOS	Laguna	CALABARZON	Region IV-A
UP MANILA	Manila	National Capital Region	NCR
UP MINDANAO	Davao Del Sur	Davao Region	Region XI
UP OPEN ENRY	N/A	All Regions	
	Iloilo	Western Visayas Region	Region VI
UP VISAYAS	Leyte	Eastern Visayas Region	Region VIII
SYSTEM			

Filing of INB Applications

10 June 2019 (Monday) to 1 July 2019 (Monday)

INB application form (2).pdf
320K

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 Iskolang 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 10646:
 - 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/UPAT minimum set 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
Quezon 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 Visayas Region	Region VIII

(035) 225-6180 (SGOD); (035) 422-7643 (Cash Section); (035) 422-8511 (Planning Section); (035) 225-6987 (Records Section);
 (035) 422-5283 (Admin. Section); (035) 422-0287 (Personnel Section); (035) 225-2376 (Guard Me: Dental Section);
 (035) 225-7012 (Educ. Facilities Section); (035) 225-1610 & (035) 225-1640 (Acad. Dept.)



ISKOLAR NG BAYAN PROGRAM UNIVERSITY OF THE PHILIPPINES

University of the Philippines System, 1, P 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): ____/____/____

HONORS 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: