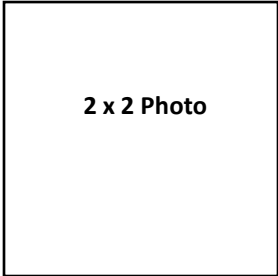




**Appendix 1**



**2 x 2 Photo**

Action Taken: \_\_\_\_\_

Application No.: \_\_\_\_\_

Amount of Loan: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**PERSONAL INFORMATION**

Enriched Life through Educational Loan Assistance Program (ELELAP)  
\_\_\_\_\_ Semester, SY \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Amount Loaned: \_\_\_\_\_

Course & Year: \_\_\_\_\_ College/ Unit: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_ No. of Children in the Family: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel.No.: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Monthly Income of Father: \_\_\_\_\_ Monthly Income of Mother: \_\_\_\_\_

Name of Co-Maker(s) 1. \_\_\_\_\_ Occupation: \_\_\_\_\_

2. \_\_\_\_\_ Occupation: \_\_\_\_\_

I hereby certify that all information indicated herein are true and correct. Any concealment or misrepresentation of facts found therein shall automatically cancel my application. I further certify that I fully understand the ELELAP rules and regulation as well as my obligation as a loanee.

\_\_\_\_\_  
Applicant's Name and Signature

Endorsed By:

\_\_\_\_\_  
College Student Activities Coordinator

\_\_\_\_\_  
College Dean/ Unit Head

Recommending Approval:

\_\_\_\_\_  
Dean, OSAS

\_\_\_\_\_  
Vice-President for Academic Affairs

Approved:

\_\_\_\_\_  
SUC President IV



**Appendix 2**

\_\_\_ Sem., SY 20\_\_\_ - 20\_\_\_

KNOWN ALL MEN BY THIS PRESENTS:

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

For value received we \_\_\_\_\_ and \_\_\_\_\_, of legal age, residents of \_\_\_\_\_ and \_\_\_\_\_, respectively, hereby jointly and severally promise to pay Bicol University with office at Legazpi City, collector of ELELAP, the sum of \_\_\_\_\_, (P \_\_\_\_\_) with no interest. I/We also agree to pay jointly two percent (2%) per annum penalty charge, should this loan or any amortization be unpaid on due date.

I/We hereby acknowledge, that the interest shall accrue from the date of this loan agreement even if the proceeds of the loan will be released on a staggered basis.

The amount subject to his loan agreement represents the ELELAP Fund to defray educational expenses of the ELELAP grantee, starting \_\_\_ semester, SY \_\_\_\_\_.

Payment of this loan shall be made within a period of not exceeding three (3) years payable effective on the third year from date of graduation until loan balance is fully paid.

Any default due to causes stipulated in the ELELAP implementing rules and regulations, or failure to pay this loan or instalment thereon when due, the obligation shall immediately become due and payable and a penalty of two (2) percent per annum shall be charged for loans unpaid on due date.

It is understood that any partial payment of this loan or any extension granted shall not alter the terms of the original conditions of the obligation or discharge the same and such partial payment shall be considered as written acknowledgement of this obligation which shall interrupt the period of prescription.

This loan agreement shall be further governed by the terms and conditions set forth in the approved application signed/ executed by the STUDENT-LOANEE and the CO-MAKER on \_\_\_\_\_.

<p>_____</p> <p style="text-align: center;">Loanee</p> <p>_____</p> <p>Co-maker (GSIS/SSS Member) Signature over Printed Name</p> <p>_____</p>	<p style="text-align: center;">Co-maker (Parent) Signature over Printed Name</p> <p>_____</p> <p style="text-align: center;">Co-maker (Parent) Signature over Printed Name</p> <p>_____</p> <p style="text-align: center;">Co-maker (GSIS/ SSS Member) Signature over Printed Name</p> <p>_____</p>
--	---



**ACKNOWLEDGEMENT**

(REPUBLIC OF THE PHILIPPINES) s.s.

\_\_\_\_\_

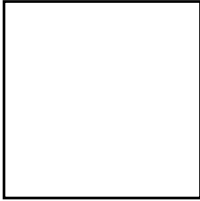
At the above City/ Municipality/ Province, this day of \_\_\_\_\_,  
Personally appeared before me:

Name	Res. Cert. No.	(Dates and Place)
_____ (Debtor/ Loanee)	_____	_____
_____ (Parent)	_____	_____
_____ (Co-maker)	_____	_____
_____ (Co-maker)	_____	_____

Known to me to be the same person who executed and signed the foregoing instrument consisting of pages in the presence of the witness and acknowledged the same to be their voluntary act and deed.

IN WITNESS WHEREOF, I have hereto set my hand and seal on the above date written.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_



**Appendix 3**

**PERSONAL INFORMATION**

**Loan Grantee**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Landline: \_\_\_\_\_ Cellphone/ Email: \_\_\_\_\_ Religion: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Co-Maker 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Landline: \_\_\_\_\_ Cellphone/E-mail: \_\_\_\_\_

Office Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Co-Maker 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Landline: \_\_\_\_\_ Cellphone/E-mail: \_\_\_\_\_

Office Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**SCHOLARSHIP/ GRANT**

Name of Scholarship/ grant program availed of: \_\_\_\_\_

Inclusive year's scholarship/ grant was availed of: from sem. \_\_\_ to \_\_\_ sem. SY \_\_\_\_\_

Course/ s Completed: \_\_\_\_\_

Name of College/ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Year Expected to Graduate: \_\_\_\_\_

Awards/ Honors Expected to Receive: \_\_\_\_\_

**III. SPECIAL SKILL/ TALENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name

Date Accomplished: \_\_\_\_\_



**BICOLUNIVERSITY  
OFFICE OF STUDENT  
AFFAIRS AND SERVICES**

**EXIT FORM FOR ELELAP  
GRANTEE**