



Office of Admissions
and Scholarships

DOCUMENT CHECKLIST FORM

BSP TAS PROGRAM

Name	Last First Middle	DTS	
ID No.		College and Degree Program	
Date/Time Submitted		Received by	

Instruction: Put a check (✓) mark on the applicable documents submitted. Please arrange the scholarship application and other documents/requirements based on the document checklist. Note: SUBMIT all scholarship application documents in a long brown envelope properly labelled with the applicant's complete name (SURNAME, FIRST NAME, MIDDLE INITIAL) in big upper case letters on the upper left corner on the backside of the envelope. The Office of Admissions and Scholarships (OAS) reserves the right to decline applications that have not met the criteria set by the Office.

<input type="checkbox"/> BSP TAS Program Document Checklist		
✓	Details	Remarks
	Completely filled-out BSP TAS Application Form	
	A copy of the status letter for incoming students or the Enrollment Assessment Form for current students.	
	Medical Certificate from a qualified physician	
	Two (2) Letters of Recommendation that could attest that the applicant is of good moral character	
Others (specify):		



BANGKO SENTRAL NG PILIPINAS
BANGKO SENTRAL NG PILIPINAS INSTITUTE
BSP TAS APPLICATION FORM



Name: _____

Home Address: _____

Age: _____ Gender: _____

Mobile Number: _____ Landline: _____

Email Address(es): _____

Citizenship: _____

Academic Institution: _____

School Address: _____

Degree/Program: _____

I am willing to have my on-the-job training in BSP during summer break.

Yes No

I am willing to work and serve the corresponding service obligation at the BSP after graduation (e.g. 2 years for every 1 year or a fraction of a year not less than 6 months).

Yes No

 Signature over Printed Name

Attachments

<input type="checkbox"/>	1. Resume	<input type="checkbox"/>	3. Two letters of good moral character
<input type="checkbox"/>	2. Medical certificate	<input type="checkbox"/>	4. Others, pls. specify: _____

(To be accomplished by authorized representative of the University)

Current semester: _____ Estimated Graduation: _____
 (Term) (Academic year) (Term) (Academic year)

Department/Office: _____

The applicant met all of the internal criteria of this department and I recommend him/her to apply to the BSP TAS Program.

 Signature over Printed Name

 Date

(If applicant is below 18 years old)

To whom it may concern:

I hereby give my consent to my son/daughter, _____, to apply to the BSP TAS Program and enter into a contract with BSP.

 Signature over Printed Name
 (Parent or Legal Guardian)

 Date