



INSTITUTE OF COMMUNITY AND FAMILY HEALTH, INC.

Graduate School For Public Health

4th Floor, Medical Arts Building, Fe del Mundo Medical Center

11 Banawe corner Cardiz Streets, Barangay Doña Josefa, Quezon City 1113

Email address: admin@icfhi.com / Website: <https://www.icfhi.com>

Cellfone number: +639059454511 / Landline number: +63284206770

FORM 3.0 GRADUATE STUDENT'S FINANCIAL DECLARATION (2nd YEAR)

PURPOSE OF THE FINANCIAL DECLARATION:

The financial declaration shall ensure full knowledge of the student regarding expected fees with Master of Public Health. This aims for your full financial commitment and take responsibility once you enroll in this course. By signing this form, you are assuring the Institute of Community and Family Health, Inc. of your ability and intention to meet all your fees for the course duration. If you cannot pay your fees, you will not usually be able to continue your studies. This is a necessary step in your enrolment as an Institute of Community and Family Health, Inc. student.

Name:	
Course:	Master of Public Health

COURSE FEES:

(The fees have been estimated exclusive of possible annual increase.)

Please provide supporting documentation to show that you can meet these fees.

What you need to pay for your course fee for Year 2: Php _____

Total Estimated course fees for the duration of the course: Php _____

SOURCES OF FUNDING FOR COURSE FEES:

Type of funding (scholarship, loan, savings)	Supporting documentation	Amount
Amount already paid to the school as a deposit for	1 st 2 nd Semester	
	Total	

SUPPORTING DOCUMENTATION:

You must submit copies of documentation supporting your type of funding, including the amount of funding. If funding is from multiple sources, you must provide relevant supporting documents for each source. All supporting documents should be provided in written English.

- Scholarship or award or grant: An official communication is required from the sponsor confirming the specific amount that will be provided towards your entire course.
- Funding from family, private sponsors, and self-funding: a letter from family or other persons accepting responsibility for meeting your Year 2 cost confirming the specific amount and duration of funding. If self-financing, include supporting documents like current bank statements showing a consistent level of available funding and employment contracts indicating the monthly salary.

SCHOOL TERMS AND CONDITIONS:

By accepting the offer of a graduate course place at Institute of Community and Family Health, Inc. under Master in Public Health, you are entering into a contract with the graduate school which includes a legal obligation to pay the fees and charges due from you to the school. Failure of payment of fees when due may lead to imposition of disciplinary measures (suspension or expulsion, etc).



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STUDENT CONTRACT:

You will have a contract with the school and will have a legal obligation to pay the fees and charges due from you to the school. Failure in payment of fees/charges when due may be subject to disciplinary measures as stipulated in the School Terms and Conditions above.

DATA PRIVACY:

The Institute of Community and Family Health, Inc. will use the information you have provided on this form in accordance with the RA 10173 of the Philippines, Data Privacy Act of 2012.

FINANCIAL DECLARATION:

I have read and understood everything written in the Financial declaration and by signing this financial declaration, I give my assurance to the Institute of Community and Family Health, Inc. that I have provided true and correct information about the payment of my course fees of my course and that I am able and willing to ensure that all of my fees are paid for the duration of my course (Master in Public Health) at the Institute of Community and Family Health, Inc.

Signed _____

Date: _____

Once completed and signed, please send the form to Ms. Doris S. Melaño at regsitrar@icfhi.com and the relevant supporting financial documents.

Office Use Only – ICFHI Approval

Name: _____ Signature: _____