

TO BE FILLED-OUT BY DOST/SEI STAFF ONLY

TCC - APPLN. NO.

2015 Total Annual Family Gross Income: _____
(Taxable & Non-taxable) Php _____

Average Electricity for 3 months: _____ kwh

General Weighted Average: _____

Scholarship Program Assessment:

RA 10612
 RA 7687
 MERIT P200.00/O.R. No. _____

Assessed by: _____
 Printed Name / Signature

SEI DOST RO. No. _____

Republic of the Philippines
 Department of Science and Technology
SCIENCE EDUCATION INSTITUTE
 P.O. Box 18 Taguig Post Office

**JUNIOR LEVEL
 SCIENCE SCHOLARSHIPS
 APPLICATION FORM**

NOT FOR SALE
 CAN BE REPRODUCED
 ALL ENTRIES/SIGNATURE IN
 THIS FORM MUST BE
 ORIGINAL.

Attach recent
 1" x 1"
 photo here

Once officially stamped,
DO NOT detach photo.
Attach another copy
of the 1" x 1" photo
for the Test Permit.

Deadline for filing of application: September 9, 2016
Schedule of Exam : October 16, 2016

FORM A – Personal Information

Instruction: Write clearly in the box provided or check the box for the appropriate answer. Avoid erasures. For any erasure, the applicant should countersign the item corrected along the page margin. PLEASE ANSWER ALL ITEMS.

I. SCHOLARSHIP INTENTIONS DATA

1. Check appropriate box for scholarship program applied for:		Forms to be filled out
<input type="checkbox"/> RA 10612	For an applicant enrolled in science, technology, engineering and mathematics who shall teach science, mathematics and technology in any of the secondary schools throughout the country.	Form A, C, D and F2
<input type="checkbox"/> RA 7687	For an applicant who belongs to a family whose socio-economic status does not exceed the set values of ALL the identified indicators as approved by the Advisory Committee on S&T Scholarships.	Form A, B, C, D, E and F1
<input type="checkbox"/> MERIT	For applicant who belongs to a family whose socio-economic status exceeds the set values of any of the identified indicators. Applicant must pay a non-refundable test fee of P200.00.	Form A, C, D and F1

II. PERSONAL DATA

2. Name of Applicant _____
 Surname First Name Middle Name

3. Sex Male Female 4. Date of Birth _____ 5. Place of Birth _____

6. Citizenship _____ 7. Do you have a dual citizenship? Yes No If yes, please specify: _____

8. Contact Nos.: Landline Phone No. _____ Cell Phone No. _____ 9. Email Address: _____

10. Permanent Address _____
 No. Street Barangay City/Municipality Province Zip Code

11. Number of Children in the Family 12. Birth Order of Applicant (1st child, 2nd child, etc.) District (Encircle) LONE/1st/2nd/3rd/4th/5th/6th/7th

13. Course Enrolled in _____

14. College / University Name _____

15. College / University Address _____

16. Have you been issued a passport? Yes No If yes, passport no. _____

III. FAMILY DATA

	Father	Mother	Legal Guardian (To be accomplished ONLY by those whose parents are deceased, working abroad, etc; should submit affidavit of guardianship)
17. Name			
18. Highest Educational Attainment			
19. Occupation (pls. specify)			
20. Name of Employer			
21. Employer Address			
22. 2015 Annual Gross Income (in pesos) (taxable and non-taxable)			
23. If self-employed, declare 2015 Annual Gross Income.			

24. Tribal Affiliation* <i>If applicable, please attach a certification of membership from the local Office of Muslim Affairs or National Commission on Indigenous Peoples.</i>			
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I hereby certify that all answers given above are true and correct to the best of my knowledge.

Attested by:

Parent/Legal Guardian
 (Please print name and sign above it.)

Signature of Applicant
 Date: _____

FORM B – Family Socio-Economic Information (For RA 7687 Scholarship Applicants Only)

Paalala:

- Kung ang mga magulang ay may hanapbuhay (employed) o di kaya ay may sariling negosyo, magbigay ng kopya ng Income Tax Return (ITR) o W-2 para sa taong 2015.
- Kung walang hanapbuhay (unemployed) ang ama, magbigay ng kopya ng BIR Certification o Municipal/Barangay Certification of Indigency o Exemption ng pag file ng ITR.
- Kung ang ina ay "housewife", hindi na kailangang magsumite ng nasabing sertipikasyon.

25. If both parents are unemployed, do you have any relatives, (whether here or abroad), who contribute in meeting your family expenses?

Yes No

If yes, please accomplish the table below:

Nature of Financial Contribution <i>(e.g., remittances)</i>	Relationship of Contributor to Applicant <i>(e.g., brother who is an OFW)</i>	Frequency of Contribution <i>(see codes below)</i>	Average Contribution <i>(In pesos)</i>

Codes for Col. 3 (Frequency of Contribution):

A-Monthly B-Quarterly C-Semi Annual D-Annual E-Irregular

26. Total Annual Family Gross Income 2015

27. Electric Consumption for the last Three Months
(Note: Provide clear photocopies of the electrical bills. Present original copies for verification.)

<input type="text" value="kwh"/>	<input type="text" value="kwh"/>	<input type="text" value="kwh"/>
2016	2016	2016

28. Is your family a beneficiary of the DSWD's Pantawid Pamilyang Pilipino Program (4Ps)? Yes No
If yes, please provide clear photocopy of your family's ID.

29. Ownership of the housing unit: (Indicate answer in the box provided)

1-Owned, Fully Paid 2-Owned, Amortized 3-Rented 4-Rent free/ living w/ relatives 5-Others, pls. specify _____

If rented, how much is the monthly rental? /month

If amortized, how much is the monthly amortization? /month

30. Owns agricultural or non-residential land? (area in sq. m) None

31. Indicate name(s) of existing credit card of the family members, if any: _____

32. Does your family own any of the following appliances, facilities and vehicles?

No. of Working Units	Appliance/Vehicle	Mode of Acquisition	Brand/Model	Year Acquired
	Aircondition			
	Video Camera or Movie Camera			
	Car/Van/Pajero/Other Similar Vehicle			
	Jeepney (AUV/Owner Type)			
	Ipod/Ipad			
	Laptop/Desktop			
	Industrial Freezer			
	Industrial Dryer			
	Electric Water Pump			

FORM B (Continuation)

CONTACT ADDRESS/NO. (Indicates as many as possible)

Mailing Address

Applicant

Parent/Legal Guardian

Landline Phone No.

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Cell Phone No.

--

--

Fax No.

--

--

Email Address

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SIGNED DECLARATION BY THE PARENTS/LEGAL GUARDIAN:

I/We hereby certify to the truthfulness and completeness of information provided. Any misinformation or withholding of information will automatically disqualify my/our child from the DOST-SEI Undergraduate Scholarship Program. I/we are also willing to refund all the financial benefits received plus the appropriate interest if such misinformation is discovered after my/our child accepted the award.

In connection with this application for scholarship, I/we hereby authorize the DOST-SEI designated representative to conduct a credit check on the family finances, including bank accounts, credit card accounts, SSS and GSIS accounts, and to visit our family dwelling.

Father's Signature

Over Printed name _____

Mother's Signature

Over Printed name _____

or

Legal Guardian's Signature

Over Printed name _____

Date

FORM C

CERTIFICATE OF COURSE AND YEAR LEVEL

TO WHOM IT MAY CONCERN:

This is to certify that _____ is presently enrolled in Bachelor of Science in
Name of Applicant

_____ as a **REGULAR THIRD YEAR** student for First Semester SY 2016-2017 at the
Course

_____.
College/University

Printed Name & Signature of College Dean

Date: _____

FORM D

CERTIFICATE OF GOOD MORAL CHARACTER

TO WHOM IT MAY CONCERN:

This is to certify that _____ has consistently maintained good moral character,
Name of Applicant

there having no disciplinary action taken against him/her as of the date of application.

Printed Name & Signature of Dean of Student Affairs

Date: _____

NOTE: Failure to maintain good moral character before the award of the scholarship shall cause forfeiture thereof. DOST-SEI may require another certification before the signing of the Scholarship Agreement, should the applicant qualify.

FORM E (For RA 7687 Scholarship Applicants Only)**CERTIFICATE OF RESIDENCY**

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a bonafide resident of _____
Name of Applicant *Name/Address of Barangay*

for not less than 4 years.

 Printed Name & Signature of Barangay Official

Date: _____

FORM F1 (For RA 7687 and MERIT Scholarship Applicants Only)**COMMITMENT TO RETURN OF SERVICE**

This is to certify that the undersigned **AGREES** to render service along his/her field of specialization in the country, preferably in his/her home region, on a full-time basis for a minimum period equivalent to the length of time he/she enjoyed the scholarship.

Noted by:

 Printed Name & Signature of Parent

 Printed Name & Signature of Applicant

Date: _____

Date: _____

FORM F2 (For RA 10612 Scholarship Applicants Only)**COMMITMENT TO RETURN OF SERVICE**

This is to certify that the undersigned **AGREES to teach in the secondary level of basic education in a public or private high school in the Philippines** as return of service (ROS). In case of failure to comply with the terms of the Service Agreement the undersigned agree to repay the amounts disbursed, plus applicable interest.

Noted by:

 Printed Name & Signature of Parent

 Printed Name & Signature of Applicant

Date: _____

Date: _____

List of Lacking Requirements for DOST RO/SEI staff use only

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Form A – Personal Information |
| <input type="checkbox"/> | Form B – Family Socio-Economic Information (<i>for RA 7687 only</i>) |
| <input type="checkbox"/> | Form C – Certificate of Course and Year Level |
| <input type="checkbox"/> | Form D – Certificate of Good Moral Character |
| <input type="checkbox"/> | Form E – Certificate of Residency (<i>for RA 7687 only</i>) |
| <input type="checkbox"/> | Form F1 – Commitment to Return of Service (<i>for RA 7687 and MERIT</i>) |
| <input type="checkbox"/> | Form F2 – Commitment to Return of Service (<i>for RA 10612 only</i>) |
| <input type="checkbox"/> | Official Transcript of Records (TOR) or Certified True Copy of Grades (TCG) |
| <input type="checkbox"/> | Two recent (1" x 1") pictures |
| <input type="checkbox"/> | Photocopy of Birth Certificate |
| <input type="checkbox"/> | Parent/s 2015 Income Tax Return / W2 / Employment Contract for OFW / BIR Certificate of Exemption for Filing of ITR / Municipal or Barangay Certificate of Indigency (<i>for RA 7687 only</i>) |
| <input type="checkbox"/> | Electric Bill for 3 consecutive months in 2016 (<i>for RA 7687 only</i>) |
| <input type="checkbox"/> | If legal guardian, affidavit of guardianship |
| <input type="checkbox"/> | If applicant has tribal affiliation, Certification of OMA/NCIP |
| <input type="checkbox"/> | Others: _____ |

 Printed Name/Signature

Date of Review of Documents: _____

Date of Return of Applicant: _____

Remarks: