

**TO BE FILLED-OUT BY DOST/SEI STAFF ONLY**

TCC      APPLN. NO.

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 2016 Total Annual Family Gross Income:  
 (Taxable & Non-taxable) P \_\_\_\_\_

Average Electricity for 3 months: \_\_\_\_\_ kwh

General Weighted Average: \_\_\_\_\_

Scholarship Program Assessment:

<input type="checkbox"/>	RA 10612
<input type="checkbox"/>	RA 7687
<input type="checkbox"/>	MERIT      P200.00/O.R. No. _____

Assessed by: \_\_\_\_\_

Printed Name / Signature

<input type="checkbox"/>	SEI	<input type="checkbox"/>	DOST RO. No. _____
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Republic of the Philippines  
 Department of Science and Technology  
**SCIENCE EDUCATION INSTITUTE**  
 P.O. Box 18 Taguig Post Office

**2017 JUNIOR LEVEL  
 SCIENCE SCHOLARSHIPS  
 APPLICATION FORM**

**Deadline for Filing of Application: September 22, 2017****Schedule of Examination : November 19, 2017**STSD-101.1  
Rev. 0 / 11-09-15

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 same 1" x 1" photo**  
**for the Test Permit.**

**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"/>	<b>RA 10612</b>	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"/>	<b>RA 7687</b>	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"/>	<b>MERIT</b>	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 (1<sup>st</sup> child, 2<sup>nd</sup> child, etc.)       District (Encircle) LONE/1<sup>st</sup>/ 2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup>/6<sup>th</sup>/7<sup>th</sup>

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	<b>Legal Guardian</b> <i>(To be accomplished ONLY by those whose parents are deceased, working abroad, etc.; should submit affidavit of guardianship)</i>
17. Name			
18. Highest Educational Attainment			
19. Occupation (pls. specify)			
20. Name of Employer			
21. Employer Address			
22. 2016 Annual Gross Income (in pesos) (taxable and non-taxable)			
23. If self-employed, declare 2016 Annual Gross Income.			

24. Tribal Affiliation\*  
*If applicable, please attach a certification of membership from the local Office of Muslim Affairs or National Commission on Indigenous Peoples.*

**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 2016.
  - 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 2016

27. Electric Consumption for the last Three Months

<input style="width: 80%;" type="text"/> kwh	<input style="width: 80%;" type="text"/> kwh	<input style="width: 80%;" type="text"/> kwh
2017	2017	2017

*(Note: Provide clear photocopies of the electrical bills. Present original copies for verification.)*

28. Are you a beneficiary of the DSWD’s *Students Grants-In-Aid Program for Poverty Alleviation*?     Yes     No

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?  P \_\_\_\_\_ /month

If amortized, how much is the monthly amortization?  P \_\_\_\_\_ /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 ( <i>AUV/Owner Type</i> )			
	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.

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Fax No.

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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 2017-2018 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 agrees to repay the amounts disbursed, plus applicable interest.

Noted by: \_\_\_\_\_  
**Printed Name & Signature of Parent** **Printed Name & Signature of Applicant**  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**For DOST staff use only : List of Lacking Requirements**

- Form A** – Personal Information
- Form B** – Family Socio-Economic Information (*for RA 7687 only*)
- Form C** – Certificate of Course and Year Level
- Form D** – Certificate of Good Moral Character
- Form E** – Certificate of Residency (*for RA 7687 only*)
- Form F1** – Commitment to Return of Service (*for RA 7687 and MERIT*)
- Form F2** – Commitment to Return of Service (*for RA 10612 only*)
- Official Transcript of Records (*TOR*) or Certified True Copy of Grades (*TCG*)
- Two recent (*1" x 1"*) pictures
- Photocopy of Birth Certificate
- Parent/s 2016 Income Tax Return / W2 / Employment Contract for OFW / BIR
- Certificate of Exemption for Filing of ITR / Municipal or Barangay Certificate of Indigency (*for RA 7687 only*)
- Electric Bill for 3 consecutive months in 2017 (*for RA 7687 only*)
- If legal guardian, affidavit of guardianship
- If applicant has tribal affiliation, Certification of OMA/NCIP
- Others: \_\_\_\_\_

THIS APPLICATION FORM AND ATTACHED DOCUMENTS WERE VERIFIED FOR COMPLETENESS BY:

\_\_\_\_\_  
Printed Name/Signature

Date of Review of Documents:

\_\_\_\_\_

Date of Return of Applicant:

\_\_\_\_\_

Remarks: