

FORM A

TO BE FILLED-OUT BY DOST/SEI STAFF ONLY

TCC/APPLN. NO. _____

2009 Total Annual Family Gross Income: P _____
(Taxable & Non-taxable) Month 1 _____ kwh

Average Electricity Month 2 _____ kwh

Consumption in kwh: Month 3 _____ kwh

Total = _____ / 3 mos.

CV = _____ kwh

4th Year Annual HS Net Tuition & Other School Fees: P _____

Scholarship Program Assessment:

☐ RA 7687

☐ Merit P 200.00/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

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

Attach recent
1" x 1"
photo here

INFORMATION SHEET

for the

DOST-SEI
SCIENCE AND TECHNOLOGY
SCHOLARSHIPS FOR 2011

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

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.

Deadline for Submission: 08 October 2010 (Friday) Date of Examination: 21 November 2010 (Sunday)

I. PERSONAL DATA

1. Name of Applicant _____
Surname First Name Middle Name

2. Sex ☐ Male ☐ Female 3. Date of Birth _____ 4. Place of Birth _____

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

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

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

10. Number of Children in the Family ☐ 11. Birth Order of Applicant (1st child, 2nd child, etc.) ☐

12. Name of High School _____

13. Type of High School _____
Regular Public Science Private High School Code (To be provided by DOST-SEI)

14. Address of High School _____

15. Tuition and Other School Fees Paid in a Private High School P _____
(Please attach assessment form/statement of account provided by the school). If under scholarship, indicate name of scholarship and submit certification from school or foundation.

16. Have you been issued a passport? ☐ Yes ☐ No Passport No. _____

II. 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. 2009 Annual Income (in pesos) (taxable and non-taxable)			
23. If self-employed, declare gross income.			
24. Tribal Affiliation If applicable, please submit a certification of membership from the local Office of Muslim Affairs or National Commission on Indigenous People.			

III. SCHOLARSHIP INTENTIONS DATA

25. Check appropriate box for scholarship program applied for:

☐ RA 7687 SCIENCE AND TECHNOLOGY SCHOLARSHIP
For 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 the S&T Scholarships.
Applicant must thoroughly accomplish the Household Information Questionnaire (Form B.)

☐ DOST-SEI MERIT SCHOLARSHIP
For an 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.

26. Have you applied for scholarship other than the DOST-SEI? ☐ Yes ☐ No

If yes, please identify which scholarship: ☐ OWWA ☐ CHED ☐ GSIS ☐ Others, specify _____

27. College/University where you intend to enroll:

* You are advised to take the admission test of the college/university where you intend to enroll for SY 2011-2012.

28. Test Center nearest your school:

* Please refer to the list of designated test centers in the 2011 S&T Scholarship Announcement.

The scholarship examination will be administered on **21 November 2010 (Sunday)** at the identified test center in your province.

I 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 HOUSEHOLD INFORMATION QUESTIONNAIRE

A. HOUSEHOLD PROFILE

1. Profile of household members (Please include ALL members who live under the same roof and share in common food.)
(Ibilang ang mga kasambahay o mga kamag-anak na kasalukuyang nakatira sa bahay at kasama sa inihahaing pagkain.)

Name (Put Household Head as first in the list; include name of applicant) (1)	Relationship to Applicant (2)	Age (3)	Civil Status (See codes below) (4)	Highest Educational Attainment (Specify grade, year or degree) (5)	Grade or Year Attending if Currently in School (6)	Occupation of Working Household Member (7)	Class of Worker (See codes below) (8)	Gross Income for the Year 2009 (in pesos) (9)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

*Household head is the person who generally provides the chief source of income for the household unit. He/She is the adult person, male or female, who is responsible for the organization and care of the household or who is regarded as such by members of the household.

Codes for Col. 4 (civil status):
1 Single 2 Married 3 Widowed 4 Divorced/Separated 5 Unknown

Codes for Col. 8 (class of worker):
1 Works for private household 5 Employer in own family-operated farm/business
2 Works for private establishment 6 Works with pay on own family-operated farm/business
3 Works for government agency/corporation 7 Works without pay on own family-operated farm/business
4 Self-employed without any employee 8 Unemployed (e.g. housewife)
(e.g., sari-sari store owner, dressmaker)

2. 2009 Total Annual Gross Income (Total of entries in column 9)

P

3. Do you have any relatives **other** than those in the **Household Profile** (whether here or abroad) who contribute in meeting your household expenses? ☐ Yes ☐ No

If yes, how much is the average monthly contribution?

P /month

Paalala: Kung ang mga magulang ay may hanapbuhay (employed) o di kaya ay may sariling negosyo, magbigay ng kopya ng Income Tax Return (ITR) para sa taong 2009; o kung walang hanapbuhay (unemployed), magbigay ng kopya ng BIR Certification o Municipal/Barangay Certification of Non-employment. Kung ang ina ay walang hanapbuhay at nasa bahay lamang tanging ang ama na lamang na may hanapbuhay ang siyang kinakailangang magsumite ng nasabing dokumento.

FORM C

CERTIFICATE OF GOOD MORAL CHARACTER

TO WHOM IT MAY CONCERN:

This is to certify that _____ has consistently maintained good moral character, there having no disciplinary action taken against him/her as of the date of application.

Printed Name & Signature of Principal/Guidance Counselor
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 D-1 For Applicant from Regular High School

Name of High School _____
Address _____

PRINCIPAL'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for graduation for the School Year 2010-2011 and is classified within the **upper five** percent of the total _____ graduating students.
Number

Printed Name & Signature of Principal
Date: _____

FORM D-2 For Applicant from DOST-SEI Identified/DepEd Recognized Science High School

PRINCIPAL'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for graduation of _____ for the School Year 2010-2011.
(Name of School/Address)

School Type: ☐ PSHS System ☐ DepEd Regional Science HS ☐ Special Science Classes of the 110 S&T Oriented High Schools
☐ Other DepEd Recognized Science High Schools
(Attach certification from DepEd that the school has a special science curriculum)

Printed Name & Signature of Principal
Date: _____

FORM E (In case applicant has already graduated from high school in the previous year)

APPLICANT'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned has not taken any previous DOST-SEI Scholarship Examination and has not earned any post-secondary or undergraduate units.

Attested by: _____
Printed Name & Signature of Parent/Guardian

Printed Name & Signature of Applicant
Date: _____

FORM F

PARENT'S CERTIFICATION

This is to certify that my son/daughter, _____, has no pending application for immigration to the USA or any other country.

Printed Name & Signature of Parent
Date: _____

FORM G (For RA 7687 Applicants only)

CERTIFICATE OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a bonafide resident of _____ for not less than 4 years.

Printed Name & Signature of Barangay Official/Principal
Date: _____

FORM B Household Information Questionnaire (Continuation)

4. Electric Consumption for the Last Three Months

kwh

kwh

kwh

June 2010July 2010August 2010

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

5. Type of Toilet Facility Used by the Household (Indicate answer in the box provided)

1 Water-sealed, used exclusively by households

3 Closed pit, e.g. Antipolo

5 Others (pail system, arinola, etc.)

2 Water-sealed, shared with other households

4 Open pit

6. Floor area of the housing unit

(area in sq.m)

7. 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

8. Construction material of the walls of the housing unit: (Indicate answer in the box provided)

1 Concrete

3 Wood (e.g., bamboo, coco lumber)

2 Semi-Concrete

4 Makeshift/Salvaged

9. Owns residential land area other than where the family resides?

(area in sq m)

None

10. Owns agricultural or non-residential land?

(area in sq m)

None

11. Indicate name(s) of existing health card/insurance (other than Philhealth/Medicare/GSIS/SSS) of family members, if any:12. Indicate name(s) of existing credit cards of the family members, if any:13. Does your household own any of the following appliances, facilities and vehicles?

No. of Working Units	Appliance/Vehicle	Year Acquired (only for the latest unit)
	Airconditioning unit	
	Digital Camera	
	Video Camera or Movie Camera	
	Gas/Electric Range w/ Oven	
	Microcomputer	
	Car/Van/Pajero/Other Similar Vehicle	
	Jeepney (AUV/Owner Type)	
	Motorcycle	

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 Scholarship Program. I am/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 financial aid, I/we hereby authorize the DOST-SEI/DOST Regional Office 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

OR

Legal Guardian's Signature

Over Printed Name

Contact Nos. of Father/Mother/Legal Guardian: Landline :
Cellphone :

Mother's Signature

Over Printed Name

Date

For DOST RO/SEI STAFF USE ONLY

CHECKLIST OF DOCUMENTS SUBMITTED:

☐ Accomplished Information Sheet including Forms C, D-1 or D-2, E and F

☐ Form G *

☐ Photocopy of Birth Certificate

☐ 2009 Income Tax Return/W2/BIR Certificate of Tax Exemption of Parents/Municipal/Barangay Certification of Non-employment

☐ Latest three consecutive months of Electric Bill for the Year 2010

☐ Assessment form/statement of account from the private high school/scholarship certification

☐ Two recent photographs (1" x 1")

☐ If legal guardian, affidavit of guardianship

☐ Certification of tribal affiliation/membership from the local Office of Muslim Affairs (OMA)/National Commission on Indigenous People (NCIP)

☐ Accomplished Household Information Questionnaire (Form B) *

* For RA 7687 Applicants only

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

Printed Name/Signature

☐ SEI

☐ DOST RO. No.

Remarks:

Date: