

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.

TO BE FILLED-OUT BY DOST/SEI STAFF ONLY

TCC - APPLN. NO.

2016 Total Annual Family Gross Income: ₱
(Taxable & Non-taxable) Month 1 kwh
Average Electricity Month 2 kwh
Consumption in kwh: Month 3 kwh
Total = / 3 mos.
CV = kwh

Annual HS Net
Tuition & Other School Fees: ₱

Scholarship Program Assessment:
 RA 7687
 Merit P 200.00/O.R. No.

Assessed by: _____
Printed Name/Signature
 SEI DOST RO. No.: _____

APPLICATION FORM

for the

DOST-SEI
SCIENCE AND TECHNOLOGY
SCHOLARSHIPS FOR 2018

Attach recent
1" x 1"
picture here

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

FORM A Instruction: The applicant must be the one to accomplish Form A and affix his/her signature together with one of his/her parents or legal guardian. 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: 25 August 2017 (Friday)

Date of Examination: 15 October 2017 (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.) District (Encircle) LONE/1st/2nd/3rd/4th/5th/6th/7th

12. Senior High School Strand STEM NON-STEM School Code
(To be provided by DOST-SEI)

13. Name of School

14. Type of School Regular Public High School Science High School Private High School University/College-based Senior High School

15. Address of High School

16. Tuition and Other School Fees Paid in a Private High School ₱
**Please attach assessment form or statement of account provided by the school. If under scholarship: indicate name of scholarship, amount of grant and submit certification from school or foundation.*

17. Have you been issued a passport? Yes No
If yes, please write the 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)
18. Name			
19. Highest Educational Attainment			
20. Occupation (pls. specify)			
21. Name of Employer			
22. Employer Address			
23. 2016 Annual Gross Income (in pesos; taxable and non-taxable)			
24. If self-employed, declare 2016 Annual Gross Income			
25. Tribal Affiliation If applicable, please submit a certification of membership from the local Office of Muslim Affairs or National Commission on Indigenous People.			
26. Is your family a beneficiary of the DSWD's Pantawid Pamilyang Pilipino Program (4Ps) ? If yes, please provide clear photocopy of your family's 4Ps ID.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

III. SCHOLARSHIP INTENTIONS DATA

27. 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 S&T Scholarships.

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.

28. Have you applied for scholarship other than the DOST-SEI? Yes No
 If yes, please identify which scholarship: OWWA CHED GSIS Others, specify _____
29. College/University where you intend to enroll: _____
Note: You are advised to take the admission test of the college/university where you intend to enroll in SY 2018-2019.
30. Test Center nearest your school: _____
Note: Please refer to the list of designated test centers in the 2018 S&T Scholarship announcement brochure.
 The scholarship examination will be administered on **15 October 2017 (Sunday)** at an identified test center in your province.

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 – HOUSEHOLD INFORMATION QUESTIONNAIRE (HIQ)

A. HOUSEHOLD PROFILE

1. Profile of household members (Please include only the parents, applicant and applicant's siblings who are single, age 21 and below, live under the same roof and share in common food.)
(Ibilang ang mga magulang, aplikante at mga kapatid ng aplikante na walang asawa, may edad 21 pababa, kasalukuyang nakatira sa bahay at kasama sa inihahaing pagkain.)

Name (Put Household Head* as first in the list; include name of applicant)	Relationship to Applicant	Age	Civil Status (See codes below)	Highest Educational Attainment (Specify grade, year or degree)	Grade or Year Attending if Currently in School	Occupation of Working Household Member	Class of Worker (See codes below)	Gross Income for the Year 2016 (in pesos)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

*Household head usually provides the chief source of income for the family. He or she is responsible for the organization and care of the household or the person who is regarded as such by the 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.a Annual Household Gross Income 2016

- 2.b If both parents are unemployed, do you have any relative/s other than those in the profile of household members (whether here or abroad) who contribute in meeting your family expenses? Yes No

If yes, please accomplish the table below:

Nature of Financial Contribution (e.g., remittances)	Relationship of Contributor to Applicant (e.g., brother who is an OFW)	Frequency of Contribution (please mark with √)	Average Contribution (In pesos)
		() Monthly	
		() Quarterly	
		() Every____(no. of mos.)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) 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.

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 the STEM Strand

PRINCIPAL'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for graduation of _____ for the SY 2017-2018.
(Name of School/Address)

Printed Name & Signature of Principal
Date: _____

FORM D-2 For Applicant from the NON-STEM Strand

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 SY 2017-2018 and is classified within the **upper five** percent of _____ total number graduating students.

Note: Please certify based on applicant's academic standing as of grade 11 (i.e., top 5% of his/her class) _____
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 Undergraduate Scholarship Examination and has not earned any post-secondary or undergraduate units.

Attested by: _____ Printed Name & Signature of Parent or 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: _____

FAMILY PROFILE (Continuation)

3. 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
4. Owns hectares of agricultural or non-residential land? (area in sq. m) None
5. Electric Consumption for the last three (3) months kwh kwh kwh
 (Note: Provide clear photocopies of the electrical bills.) _____ 2017 _____ 2017 _____ 2017
6. Does your family own any of the following appliances and vehicles?

No. of Working Units	Appliance/Vehicle	Mode of Acquisition	Make/Model	Year Acquired
_____	Aircondition	_____	_____	_____
_____	Movie Camera	_____	_____	_____
_____	Car/Van/Pajero/Other Similar Vehicle	_____	_____	_____
_____	Fleet of Jeepney or tricycle	_____	_____	_____
_____	Ipad	_____	_____	_____
_____	Industrial Freezer	_____	_____	_____
_____	Industrial Dryer	_____	_____	_____

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

B. CONTACT ADDRESS/NO. (Indicate as many as possible)

Mailing Address

Landline Phone No.

Cell Phone No.

Fax No.

Email Address

Applicant

Parent or Legal Guardian

Submitted by:

Signature Over Printed Name of Applicant

Date Signed

SIGNED DECLARATION BY THE PARENTS OR 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 has 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 _____
 or
 Legal Guardian's Signature _____
 over printed name _____

Mother's Signature _____
 over printed name _____
 Date Signed: _____

For DOST SEI/RO STAFF USE ONLY

CHECKLIST OF DOCUMENTS SUBMITTED:

Accomplished Forms:
 A B C D1 D2 E F G*

Photocopy of Birth Certificate

Parent/s 2016 Income Tax Return/W2/Employment Contract, if OFW or Clear photocopy of the 4Ps ID or Municipal / Brgy. Certification that the applicant belongs to indigent family and his/her parents are exempted from filing of Income Tax Return

Photocopy of the latest three consecutive months of electric bill for the Year 2017

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

Two recent pictures size, 1" x 1"

If affiliated with a particular tribe, certification of membership from the local Office of Muslim Affairs (OMA)/National Commission on Indigenous People (NCIP).

*** 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: _____