



Republic of the Philippines
Department of Labor and Employment
Overseas Workers Welfare Administration
Regional Welfare Office - _____

Program Services Division
EDUCATION & TRAINING UNIT
Education for Development Scholarship Program (EDSP)
EVALUATION FORM

A. APPLICANT'S DATA Name: _____ Last First Middle Birthdate: _____ Age: _____ Sex: Male [] Female [] Citizenship: _____ Preferred Course: _____ Preferred School: _____ _____	B. OFW DATA: Name of OFW : _____ Last First Middle Occupation/Jobsite : _____ Category: LB [] SB [] SEX: M [] F [] Civil Status: S [] M [] Latest Date of OWWA Contribution : _____ Term of Contract: _____ Relationship to Applicant: _____
C. REQUIREMENTS 1. [] Application Form 2. [] Two (2) 2" x 2" recent & Identical Photos 3. [] Proof of OWWA Membership ___ Official Receipt of OWWA Contribution ___ OFW Verification Sheet issued by MPC 4. [] Proof of Relationship to OWWA-Member/OFW ___ Birth Certificate (issued by NSO) of applicant, if child of OFW ___ Birth Certificate (issued by NSO) of both applicant & OFW, if brother/sister of OFW ___ Certificate of No Marriage (CENOMAR) from NSO (if OFW is unmarried) 5. [] Secondary School Record (Form 137) 6. [] Form 2A - Health Certificate from authorized government physician 7. [] Form 2B - Certificate of Good Moral Character 8. [] Form 2C - Certification that applicant obtained Gross Weighted Average (GWA) of 80% or higher and belongs to the upper 20% of the Third Year / High School Graduating Class 9. [] Form 2D - Parent's Certification that the applicant has not taken post secondary or undergraduate/ college units and not a Recipient of any scholarship grant / has not taken the EDSP Qualifying Examination 10. [] Form 2E - Sworn Statement that applicant has no pending application for resident immigrant status from any country & does not have dual citizenship D. ALTERNATE/OTHER REQUIREMENTS : _____ _____ _____ Received by: _____ Date: _____	
Evaluated by: _____ Head, Education and Training Unit Date: _____	Recommending Approval: _____ Chief, Programs Services Division Date: _____

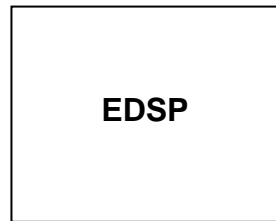
APPROVED:

OWWA Regional Welfare Office Director

Date



Republic of the Philippines
Department of Labor and Employment
Overseas Workers Welfare Administration
Regional Welfare Office - _____
Program Services Division
EDUCATION & TRAINING UNIT



Education and Development Scholarship Program (EDSP)

APPLICATION FORM

(Note: PLEASE FILL UP LEGIBLY)

Application No.: _____

I. APPLICANT'S INFORMATION

Name: _____ Last First Middle Birthdate: _____ Age: _____ Civil Status: _____ Citizenship: _____ Permanent Address: _____ _____ Contact Nos: <i>Landline</i> : _____ <i>Mobile</i> : _____ Email Address: _____ No. of Siblings: _____ Family Order: 1 st [] 2 nd [] 3 rd [] Others _____	High School Attended: _____ _____ School Address: _____ _____ School Tel. No.: _____ General Weighted Average (GWA): 3 rd Year HS _____ 4 th Year HS _____
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II. PARENTS' INFORMATION:

	FATHER	MOTHER
Name:	_____	_____
Citizenship:	_____	_____
Tribal Affiliation (if any):	_____	_____
Highest Education Attained:	_____	_____
Contact No.:	<i>Landline</i> : _____ <i>Mobile</i> : _____	<i>Landline</i> : _____ <i>Mobile</i> : _____
Email Address:	_____	_____
Employment Data:		
Occupation/Position:	_____	_____
Employer / Company Name:	_____	_____
Employer Address:	_____	_____
Gross Monthly Income:	_____	_____

I hereby certify that all information given above are true and correct to the best of my knowledge. I will also abide with the policy of the program on the selection of qualified examinees for EDSP Scholarship award

Attested by:

Parent / Guardian
(Signature Over Printed Name)

Applicant
(Signature Over Printed Name)
Date: _____

FORM 2

A. HEALTH CERTIFICATE

GOVERNMENT HEALTH AGENCY : _____
ADDRESS : _____

DATE: _____

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____
and found him/her to be:

- Physically fit
- Physically unfit

for scholarship application.

This certification is issued in connection with his/her application for the Education for Development Scholarship Program (EDSP) for the SY _____.

Medical Officer
(Signature Over Printed Name)

LC # _____

B. CERTIFICATE OF GOOD MORAL CHARACTER

This is to certify that _____ is of good moral character and that no disciplinary action has been taken against him/her as of date.

Principal / Guidance Counselor
(Signature Over Printed Name)

C. PRINCIPAL'S CERTIFICATION

High School : _____
Address : _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for graduation this March _____. This further certifies that he/she obtained a gross weighted average of _____ and belongs to the upper 20% of the 3rd year / graduating class numbering _____ ranked as _____ in the total high school graduating class.

Principal
(Signature Over Printed Name)

D. PARENT’S CERTIFICATION ON THE FIRST AVAILMENT

TO WHOM IT MAY CONCERN:

This is to certify that my son/daughter _____ has not previously taken the Education for Development Scholarship Program (EDSP) Qualifying Examination and any post secondary/ vocational or undergraduate/college units.

This is to further certify that **NO ONE** of my children has previously availed of the EDSP.

Attested by:

Parent / Guardian
(Signature Over Printed Name)

E. PARENT'S CERTIFICATION ON APPLICATION FOR IMMIGRATION / DUAL CITIZENSHIP OF APPLICANT

TO WHOM IT MAY CONCERN:

This is to certify that my son / daughter _____ is not a holder of dual citizenship and has no pending application for immigration to any country.

Parent / Guardian
(Signature over Printed Name)