

FORM A

NOT FOR SAI F

Applicant No.

Republic of the Philippines
Department of Labor and Employment
Overseas Workers Welfare Administration

Recent
ID Picture
1 x 1

EDUCATION & TRAINING PROGRAM
For Overseas Filipino Worker (OFW)/ Dependents

SCHOLARSHIP/ TRAINING PROGRAM APPLIED FOR:

- Skills for Employment Scholarship Program (SESP)
- Education for Development Scholarship Program (EDSP)
- Seafarers Upgrading Program (SUP)

INFORMATION SHEET (Note: Please PRINT all information asked)

A. PERSONAL DATA

1. Name: _____
Last First Middle

2. Sex: _____ 3. Citizenship: _____ 4. Tel. Nos. : _____

5. Age: _____ 6. Civil Status: _____ 7. Birth Date: _____

8. Permanent Address: _____

Municipality/ District: _____ Zip Code: _____

9. Relationship to OFW: _____

10. Highest Educational Attainment:

College Graduate Course _____

College Undergraduate Year Level When Stopped: _____

Course: _____

High School Graduate Year Level When Stopped: _____

High School Undergraduate

Elementary Graduate

Vocational / Technical / Post Secondary Course Graduate

Course : _____

Course Duration: _____

School: _____

11. Present Employment Status: Employed Self Employed Unemployed

If employed or self-employed

11.1 Company Name: _____

11.2 Position: _____

For SESP and SUP Applicants

12. Have you previously availed of any training / scholarship program of OWWA?

Yes No

12.1 If yes what training / scholarship program of OWWA have you availed?

12.2 When did you avail it? _____

12.3 What course / training module did you take under said program?

12.4 How long was your training/ scholarship? _____

12.5 In what school / training center did you train or study?

12.6 Date Training start: _____ Date Training ended _____

For EDSP Applicants Only

13. Name of High School: _____

14. Address of high School: _____

15. General Average in 4th year High School: _____

16. Rating / Score in any College Admission Test or DOST National Exam: _____

17. Date college Admission Test/ DOST National Exam was taken: _____

B. FAMILY DATA (if parents are deceased, give data of nearest relative and indicate relationship to you.)

FATHER

MOTHER

18. Name: _____
19. Citizenship: _____
20. Tribal Affiliation (if any): _____
21. Highest Educational Attainment: _____
22. Family Gross Income for Yr. **20** _____
23. No. of Children in the Family _____ 24. Family Order: 1st _____ 2nd _____ Other _____

C. EMPLOYMENT RECORD

FATHER

MOTHER

25. OVERSEAS

- Land-based
 Sea-based

- Land-based
 Sea-based

- a. Occupation: _____
b. Employer: _____
Address: _____
c. Inclusive Date: _____

26. LOCAL

- a. Occupation: _____
b. Employer: _____
Address: _____
c. Inclusive Date: _____

27. Self-employed/ Occupation or business: _____
28. Not employed (reason): _____

For SUP Applicant Only

29. PRC License / Rank: _____
30. SRIB Number: _____ Date Issued: _____
Expiry Date: _____
31. Course Completed: _____
32. Latest Embarkation: _____ Disembarkation: _____
33. Current Employment Status: On-Vacation How long? _____
 For embarkation/deployment When? _____
 Unemployed/Finished Contract

If On-Vacation or For Embarkation

- a. Position/Rank: _____
b. Shipping Agency: _____
c. Agency's Address: _____
d. Foreign Employer / Principal: _____
33. Number of OWWA Contributions (not including those already utilized in previous OWWA training / scholarship): _____ From: _____ To: _____

I certify that all answers above are true and correct to the best of my knowledge. I will also abide with the policy of the program that the selection of qualified examinees for scholarship award after approval of the Administrator is final and unappealable.

Attested by:

Parent / Guardian
(Signature Over Printed Name)

Applicant
(Signature Over Printed Name)

Date: _____

FORM B

HEALTH AGENCY : _____
ADDRESS : _____

HEALTH CERTIFICATE

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 2006 – 2007

Medical Officer
(Signature Over Printed Name)

LC # _____

FORM C

CERTIFICATION OF GOOD MORAL CHARACTER

DATE: _____

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)

FORM D

High School : _____
Address : _____

PRINCIPAL'S CERTIFICATION

DATE: _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a candidate for the graduating this March 2007. This further certifies that he/she belongs to upper 20% of the graduating class numbering _____.

Principal
(Signature Over Printed Name)

FORM E

APPLICANT'S CERTIFICATION

Date _____

TO WHOM IT MAY CONCERN:

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

Attested by:

Parent / Guardian
(Signature Over Printed Name)

Applicant
(Signature Over Printed Name)

FORM F

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

Date _____

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.

Applicant
(Signature Over Printed Name)

NOT FOR SALE

FORM

Applicant No. _____

Republic of the Philippines
Department of Labor and Employment
In coordination with the
Overseas Worker Welfare Administration

Recent
ID Picture
1 x 1

EDUCATION FOR DEVELOPMENT SCHOLARSHIP PROGRAM (EDSP)

TEST PERMIT

Your application for the EDSP Examination is conditionally approved. Please report on _____ on the indicate schedule and venue.

- [] First Batch 7:00am to 12:00nn
- [] Second Batch 1:00pm to 6:00pm

Venue : _____
Address : _____

Submit this test permit to the EDSP Examiner on the day examination. Please bring your pencil (Mongol #2), ID card and snacks.

APPLICANT PLEASE FILL IN NEEDED INFORMATION:

Print Name and Affix Signature : _____

Permanent Address : _____

(Please do not forget to indicate your Zip Code)

OWWA REGIONAL DIRECTOR
(Signature Over Printed Name)

Department of Labor and Employment
Overseas Workers Welfare Administration

OWWA EDUCATION AND TRAINING PROGRAMS
EVALUATION FORM

Name: _____	Religion: _____
Sex: _____ Citizenship: _____	Relation to OFW: _____
College Admission Test Rate: _____	Tel No: _____
Preferred School: _____	Birth date: _____
Preferred Course: _____	

A. GENERAL REQUIREMENTS	REMARKS
<input type="checkbox"/> Application Form (Form 1) _____ <input type="checkbox"/> 1'X1" ID Picture (2 copies) _____ <input type="checkbox"/> Proof of OWWA Membership (i.e. Official Receipt of OWWA contribution, E-Card, Seaman's Book, POEA authenticated Contract. _____	

A.1 ADDITIONAL REQUIREMENTS	REMARKS
SESP and EDSP <input type="checkbox"/> Form 137 / H.S. Report Card or Transcript of Records General Wt. Average in 4 th HS _____ <input type="checkbox"/> Proof of relationship to OWWA-Member / OFW: _____ [] Copy of Birth Certificate (duly certified by the LRC)of applicant if child of OFW [] Copy of Birth Certificate (duly certified by the LRC)of both applicant & OFW if brother /sister of OFW [] Copy of Marriage Contract (duly certified by the LRC) if spouse of OFW EDSP <input type="checkbox"/> Health Certificate (Form 2) _____ <input type="checkbox"/> Applicants Certificate (Form 3) of not having taken any post-secondary or undergraduate/College units and not recipient of any Scholarship grant. _____ SUP <input type="checkbox"/> Latest Residence Certificate _____ <input type="checkbox"/> Pre-qualification and admission report issued by the training center _____	

A.2 OTHER / ALTERNATIVE REQUIREMENTS
_____ _____

B. EVALUATION REPORT:
<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible
(Rank among Eligible Applicant) _____
Received by: _____ Date: _____
Evaluated by: _____ Date: _____
APPROVED: <div style="text-align: center; margin-top: 20px;"> _____ OWWA Regional Director </div> <div style="text-align: center; margin-top: 20px;"> DATE: _____ </div>