



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

| | |
|---|---|
| <p>A. APPLICANT'S DATA</p> <p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First Middle </div> </p> <p>Birthdate: _____ Age: _____</p> <p>Sex: Male [] Female [] Citizenship: _____</p> <p>Preferred Course: _____</p> <p>Preferred School: _____</p> <p>_____</p> | <p>B. OFW DATA:</p> <p>Name of OFW : _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First Middle </div> </p> <p>Occupation/Jobsite : _____</p> <p>Category: LB [] SB [] SEX: M [] F []</p> <p>Civil Status: S [] M []</p> <p>Latest Date of OWWA Contribution : _____</p> <p>Term of Contract: _____</p> <p>Relationship to Applicant: _____</p> |
| <p>C. REQUIREMENTS</p> <ol style="list-style-type: none"> 1. [] Application Form 2. [] Two (2) 2" x 2" recent & Identical Photos 3. [] Proof of OWWA Membership <div style="margin-left: 20px;"> <input type="checkbox"/> Official Receipt of OWWA Contribution <input type="checkbox"/> OFW Verification Sheet issued by MPC </div> 4. [] Proof of Relationship to OWWA-Member/OFW <div style="margin-left: 20px;"> <input type="checkbox"/> Birth Certificate (issued by NSO) of applicant, if child of OFW <input type="checkbox"/> Birth Certificate (issued by NSO) of both applicant & OFW, if brother/sister of OFW <input type="checkbox"/> Certificate of No Marriage (CENOMAR) from NSO (if OFW is unmarried) </div> 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 <p>D. ALTERNATE/OTHER REQUIREMENTS :</p> <p>_____</p> <p>_____</p> <p style="text-align: right; margin-right: 100px;">Received by: _____</p> <p style="text-align: right; margin-right: 100px;">Date: _____</p> | |
| <p>Evaluated by: _____ <div style="text-align: center; margin-left: 50px;">Head, Education and Training Unit</div></p> <p>Date: _____</p> | <p>Recommending Approval:</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center; margin-left: 50px;">Chief, Programs Services Division</p> <p>Date: _____</p> |

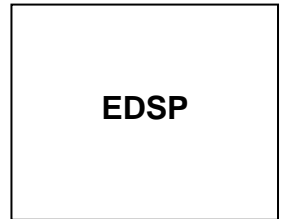
APPROVED:

OWWA Regional Welfare Office Director

Date



Republic of the Philippines
Department of Labor and Employment
Overseas Workers Welfare Administration
Regional Welfare Office - _____
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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 | High School Attended: _____ |
| Birthdate: _____ Age: _____ | School Address: _____ |
| Civil Status: _____ Citizenship: _____ | School Tel. No.: _____ |
| Permanent Address: _____ | General Weighted Average (GWA): 3 rd Year HS _____ 4 th Year HS _____ |
| Contact Nos: Landline: _____ Mobile: _____ | |
| Email Address: _____ | |
| No. of Siblings: _____ Family Order: 1 st [] 2 nd [] 3 rd [] Others _____ | |

II. PARENTS' INFORMATION:

| | FATHER | MOTHER |
|------------------------------|-------------------------------|-------------------------------|
| Name: | _____ | _____ |
| Citizenship: | _____ | _____ |
| Tribal Affiliation (if any): | _____ | _____ |
| Highest Education Attained: | _____ | _____ |
| Contact No.: | Landline: _____ Mobile: _____ | Landline: _____ Mobile: _____ |
| 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)