

TO BE FILLED-OUT BY DOST/SEI STAFF ONLY

TCC APPLN. NO.
 -

2019 Total Annual Family Gross Income:
 (Taxable & Non-taxable) ₱ _____
 Ownership of Vehicle: _____
 Beneficiary of 4Ps (Y/N): _____

Scholarship Program Assessment:

RA 7687
 MERIT

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

STSD-101.1
 Rev. 3 / 07-03-20

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

**2021 DOST-SEI
 SCIENCE AND TECHNOLOGY
 UNDERGRADUATE SCHOLARSHIPS
 APPLICATION FORM**

Deadline for Filing of Application: August 28, 2020
Schedule of Examination : October 25, 2020

Attach recent
 1" x 1"
 photo here

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

QUESTIONNAIRE

Instruction: Please READ CAREFULLY and ANSWER TRUTHFULLY the following questions by shading the circle corresponding to your answer. (PAKIBASA NG MABUTI at SAGUTIN NG BUONG KATOTOHANAN ang mga sumusunod na tanong sa pamamagitan ng pagmarka sa bilog ng iyong sagot.)

Yes	No	
<input type="radio"/>	<input type="radio"/>	1. Are you a natural born Filipino citizen? (Ikaw ba ay isang natural-born na Pilipino?)
<input type="radio"/>	<input type="radio"/>	2. Are you a resident of your municipality for 4 years or more? (Ikaw ba ay residente ng iyong munisipalidad ng 4 na taon o higit pa?)
<input type="radio"/>	<input type="radio"/>	3. Is your family a recipient of the DSWD's Pantawid Pamilyang Pilipino Program (4Ps)? (Ang pamilya mo ba ay tumatanggap ng benepisyo mula sa DSWD's Pantawid Pamilyang Pilipino Programs (4Ps)?)
<input type="radio"/>	<input type="radio"/>	4. Are you in STEM Strand? (Ikaw ba ay nasa STEM Strand?)
<input type="radio"/>	<input type="radio"/>	4.1 (Answer this question only if your answer in question 4 is NO) Are you in a Non-STEM Strand (i.e., HUMMS, ABM, GAS, TVL, etc.) (Ikaw ba ay nasa Non-STEM Strand (i.e., HUMMS, ABM, GAS, TVL, etc.)?)
<input type="radio"/>	<input type="radio"/>	4.1.1 (Answer this question only if your answer in question 4.1 is YES) Based on your Grade 11 standing, are you a member of the upper 5% of the graduating class? (Base sa iyong Grade 11 standing, ikaw ba ay kasama sa upper 5% ng graduating class?)
<input type="radio"/>	<input type="radio"/>	4.1.2 (Answer this question only if your answer in question 4.1 is NO) Are you homeschooled/a graduate before the K-12 program? (Ikaw ba ay homeschooled/nakatapos ng high school bago ang K-12 program?)
<input type="radio"/>	<input type="radio"/>	5. Do you have a pending application for immigration to the USA or any other country? (Ikaw ba ay may nakabinbin na aplikasyon para sa immigration sa USA o sa ibang bansa?)
<input type="radio"/>	<input type="radio"/>	6. Have you been subjected to any disciplinary action? (Ikaw ba ay sumailalim na sa kahit anong disciplinary action?)
<input type="radio"/>	<input type="radio"/>	7. Can you take the DOST-SEI examination without any assistance during the exam? (Kaya mo bang kumuha ng DOST-SEI examination nang walang tumutulong habang sumasagot sa exam?)
<input type="radio"/>	<input type="radio"/>	8. Have you taken any previous DOST-SEI Examination? (Nakakuha ka na ba ng anumang nakaraang pagsusulit/exam ng DOST-SEI?)
<input type="radio"/>	<input type="radio"/>	8.1. (Answer this question only if your answer in question 8 is YES) Were you able to qualify for the scholarship? (Ikaw ba ay nag-qualify sa scholarship?)
<input type="radio"/>	<input type="radio"/>	8.1.1 (Answer this question only if your answer in question 8.1 is YES) Did you avail the scholarship? (Tinanggap mo ba ang scholarship?)
<input type="radio"/>	<input type="radio"/>	9. Have you earned any collegiate or vocational units? (Ikaw ba ay nakakuha na ng collegiate or vocational units?)

FORM A – PERSONAL INFORMATION

Instruction: Write clearly in CAPITAL LETTERS your personal information 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.

I. PERSONAL DATA

Name of Applicant (Last Name, First Name, Middle Name, Suffix Name):

Date of Birth (MM/DD/YYYY): / /	Place of Birth:	Number of children in the family:	DepEd Learner Reference Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile Phone No.:	Email address:	Citizenship:
Permanent Address (House/Unit No., Street, Lot/Blk, Village/Barangay):			Do you have dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No
City/Municipality:	Province:	Zipcode: District:	
Type of School: <input type="checkbox"/> Regular Public HS <input type="checkbox"/> PSHS <input type="checkbox"/> Science HS <input type="checkbox"/> Private HS <input type="checkbox"/> University/College-based Senior HS <input type="checkbox"/> ALS/Homeschool			Senior High School Strand: <input type="checkbox"/> STEM <input type="checkbox"/> NON-STEM
Name of School:			
Address of School:			

II. FAMILY DATA			
	Father	Mother	Legal Guardian <i>(To be accomplished ONLY by those whose parents are deceased, working abroad, etc; should submit affidavit of guardianship)</i>
Name			
Civil Status/Status <i>(see codes below)</i>			
Relationship to the applicant <i>(ex. Mother, Uncle, Cousin, Step Father)</i>			
Contact Number			
Highest educational attainment			
Occupation <i>(pls. specify)</i>			
Class of Worker <i>(see codes below)</i>			
Name of Employer			
Employer Address			
2019 Annual Gross Income <i>(in pesos; taxable and non-taxable)</i>			
If self-employed, declare 2019 Annual Gross Income			
Codes for Civil Status/Status: S – Single M – Married W – Widowed D – Divorced/Separated U – Unknown X – Deceased	Codes for Class of Worker: A – Works for private household B – Works for private establishment C – Works for government agency/corporation D – Self-employed without any employee <i>(e.g., sari-sari store owner, dressmaker)</i>		E – Employer in own family-operated farm/business F – Works with pay on own family-operated farm/business G – Works without pay on own family-operated farm/business H – Unemployed <i>(e.g. housewife)</i>
Is your family a beneficiary of the DSWD's Pantawid Pamilyang Pilipino Program (4Ps) ? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide clear photocopy of your family's 4Ps ID.)</i>			

III. FINANCIAL CONTRIBUTION		
<i>If both parents are unemployed, do you have any relative/s (whether here or abroad) who contribute in meeting your family and school expenses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Financial Contribution <i>(e.g., educational assistance)</i>	Relationship of Contributor to Applicant <i>(e.g., brother who is an OFW)</i>	Annual Contribution <i>(In pesos)</i>
		Total: _____

Total Annual Gross Income in 2019 (II. Family Data + III. Financial Contribution) ₱ _____

- Paalala:**
- Ang may sariling negosyo o/at ang mga kumikitang miyembro ng pamilya ay kailangang magbigay ng kopya ng Income Tax Return (ITR) o BIR Form 1701 o BIR Form 2316 para sa taong 2019.
 - Kung ang taunang kita ng mga kumikita sa pamilya ay hindi lalagpas sa ₱250,000.00, magpasa ng kopya ng BIR Certification of Exemption ng pag file ng ITR.
 - Kung ang kumikita sa pamilya ay walang employer at ang taunang kita ay hindi lalagpas sa ₱250,000.00, magpasa ng kopya ng BIR Certification of Exemption ng pag file ng ITR o Certification of Indigency.

IV. SCHOLARSHIP INTENTIONS DATA	
<i>Check appropriate box for scholarship program applied for:</i>	
<input type="checkbox"/>	RA 7687 SCIENCE AND TECHNOLOGY SCHOLARSHIP For an 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.
<input type="checkbox"/>	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 indicator.

FORM B – HOUSEHOLD INFORMATION QUESTIONNAIRE (HIQ)			
Ownership of the housing unit: <input type="checkbox"/> Owned, Fully Paid <input type="checkbox"/> Rented <input type="checkbox"/> Others, pls. specify <input type="checkbox"/> Owned, Amortized <input type="checkbox"/> Rent free/living with relatives		If rented, how much is the monthly rental?	If amortized, how much is the monthly amortization?
Does your family own agricultural land or non-residential land? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the lot area in square meters? _____ sq. m.	
Does your family own vehicle/s? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type	No. of working units	Year Model <i>(ex. 2000, 2008)</i>	Make <i>(ex. Honda, Suzuki, Toyota)</i>
Tricycle			
Passenger vehicle <i>(e.g. Jeepney, Van, etc.)</i>			
Car/AUV/SUV			
Truck/Bus			

FORM C – CERTIFICATE OF GOOD MORAL CHARACTER

TO WHOM IT MAY CONCERN:

This is to certify that _____ has consistently maintained good moral character,
(Name of Applicant)
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 – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good health; and can take the DOST-SEI
(Name of Applicant)
Undergraduate Scholarship Examination on his/her own.

Printed Name & Signature of School/Barangay Health
Center/Private Physician/Nurse

License No.: _____

Date: _____

FORM E1 – PRINCIPAL'S CERTIFICATION *(For Applicant from the STEM Strand)*

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a member of the **Grade 12** graduating class under
(Name of Applicant)
the **STEM Strand** of the _____ for the SY 2020-2021.
(Name of School/Address)

Printed Name & Signature of Principal
Date: _____

FORM E2 – PRINCIPAL'S CERTIFICATION *(For Applicant from the NON-STEM Strand)*

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a member of the **Grade 12** graduating class under
(Name of Applicant)
the **NON-STEM Strand** for the SY 2020-2021 and is classified within the **upper five percent** of _____ students in the graduating class.
(Total Number of 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 F – CERTIFICATE OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a bonafide resident of
(Name of Applicant)
_____ for less than 4 years / 4 years or more.
(Permanent Address) *(Check appropriate box)*

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

FORM G – PARENT'S CERTIFICATION

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

 Printed Name & Signature of Parent
 Date: _____

FORM H – APPLICANT'S CERTIFICATION

This is to certify that the undersigned has (Check all that apply):

- NOT taken any previous DOST-SEI Undergraduate Scholarship examination.
- Taken the DOST-SEI Undergraduate Examination but did not qualify for the scholarship.
- Qualified for the DOST-SEI Undergraduate Scholarship but did not avail of the award.
- NOT earned any post-secondary or undergraduate units.

Noted by: _____
 Printed Name & Signature of Parent or Guardian
 Date: _____

 Printed Name & Signature of Applicant
 Date: _____

FORM I – SIGNED DECLARATION BY APPLICANT AND THE PARENTS/LEGAL GUARDIAN:

We hereby certify to the truthfulness and completeness of the information provided. **Any misinformation, misrepresentation or withholding of information will automatically disqualify me/our son/daughter from the DOST-SEI Scholarship Program.** 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 scholarship, we hereby authorize the DOST-SEI designated representative to conduct a background check on our socio-economic status and to visit our family dwelling.

Moreover, we hereby express our consent for the Science Education Institute of the Department of Science and Technology (SEI-DOST) to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct our personal data as part of our information. We hereby affirm our right to be informed, object to processing, access and rectify, suspend or withdraw our personal data, and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Applicant's Signature _____
 Over Printed name _____ Date Signed _____

Father's Signature _____ Or Mother's Signature _____ Or Legal Guardian's Signature _____
 Over Printed name _____ Over Printed name _____ Over Printed name _____

For DOST SEI/RO Staff use only : Checklist of Documents Submitted

- Form A – Personal Information
- Form B – Household Information Questionnaire
- Form C – Certificate of Good Moral Character
- Form D – Certification of Good Health
- Form E1 – Principal's Certification (For Applicant from the STEM Strand)
- Form E2 – Principal's Certification (For Applicant from the NON-STEM Strand)
- Form F – Certificate of Residency
- Form G – Parent's Certification (If no pending application for immigration)
- Form H – Applicant's Certification
- Form I – Signed Declaration by Applicant and the Parent/s/Legal Guardian
- One recent (1" x 1") picture
- Photocopy of Birth Certificate
- Parent/s 2019 Income Tax Return / BIR Form 1701 / BIR Form 2316 / Employment Contract for OFW / BIR Certificate of Exemption for Filing of ITR / Municipal or Barangay Certificate of Indigency
- Affidavit of guardianship (If with legal guardian)
- Others: _____

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

 Printed Name/Signature

Date of Review of Documents: _____

Date of Return of Applicant: _____

Remarks: