

CONGRESSIONAL MIGRANT WORKERS SCHOLARSHIP PROGRAM – Y
 For Overseas Filipino Worker (OFW) Dependents

INFORMATION SHEET (Note: Please PRINT all information asked)

A. PERSONAL DATA

- 1. Name : _____
Last First Middle
- 2. Sex : _____ 3. Citizenship : _____ 4. Tel. No. _____
- 5. Age : _____ 6. Birth Date : _____ 7. Birth Place : _____
- 8. Permanent Address : _____
 Municipality / District : _____ Zip Code : _____
- 9. Name of High School : _____
- 10. Address of High School : _____

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

- | | Father | Mother |
|--|--|-----------------------------------|
| 11. Name : | _____ | _____ |
| 12. Citizenship : | _____ | _____ |
| 13. Tribal Affiliation (if any) _____ | | |
| 14. Highest Educ'l Attainment : _____ | | |
| 15. Family Gross Income for 20____ : _____ | | |
| 16. No. of children in the family : _____ | 17. Family Order : 1 st _____ | 2 nd _____ Other _____ |

C. EMPLOYMENT RECORD

- | | Father | Mother |
|--|---|---|
| 18. <u>OVERSEAS</u> | <input type="checkbox"/> LandBased
<input type="checkbox"/> SeaBased | <input type="checkbox"/> LandBased
<input type="checkbox"/> SeaBased |
| a. Occupation : | _____ | _____ |
| b. Employer : | _____ | _____ |
| Address : | _____ | _____ |
| c. Inclusive Date : | _____ | _____ |
| 19. <u>LOCAL</u> | | |
| a. Occupation : | _____ | _____ |
| b. Employer : | _____ | _____ |
| Address : | _____ | _____ |
| c. Inclusive Date : | _____ | _____ |
| 20. Self-employed / Occupation or business : | _____ | |
| 21. Not employed (reason) : | _____ | |

NOTE: You are advised to take the Admission Test of the university / college where you intend to enroll for SY _____.

- 22. Have you taken the DOST-SEI National Exam before? Yes No
- 22.1. If yes, when did you take it? _____
- 22.2. Where did you take it? _____
- 23. Test Center nearest to your school : _____
(Please refer to the list of test centers in the brochure)

I certify that all answers given above are true and correct to the best of my knowledge. I will also abide with the policy of the program that selection of qualified examinees for scholarship award after approval of the CMWSP Scholarship Fund Committee (SFC) Chair is final and unappealable.

Attested by:

 Parent / Guardian
 (Signature Over Printed Name)

 Applicant
 (Signature Over Printed Name)

Date : _____

This form should be thoroughly accomplished by the applicant before submitting to the high school principal. Application forms from each high school should be submitted at one time to OWWA Regional Offices and received by the same not later than _____.

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.

This certification is issued in connection with his / her application for the year 20____ CMWSF Science and Technology Scholarships.

Medical Officer
(Signature Over Printed Name)

Official Designation

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**FORM C**

**CERTIFICATE OF GOOD MORAL CHARACTER**

Date : \_\_\_\_\_

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 to date.

NOTE : Failure to maintain good moral character before the award of the scholarship shall cause forfeiture thereof. DOLE-OWWA may require another certification before the signing of the Scholarship Agreement.

\_\_\_\_\_  
Principal / Guidance Counselor  
(Signature Over Printed Name)

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FORM D

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 school year _____ and is classified within the upper 20% of the total _____ graduating students.

FORM E (In case applicant has already graduated from high school in the previous year)

APPLICANT'S CERTIFICATION

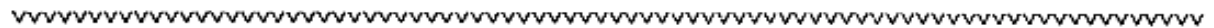
TO WHOM IT MAY CONCERN:

This is to certify that the undersigned has not taken the DOST-SEI / CMWSF Scholarship Examination and any post-secondary or undergraduate / college units.

Attested by :

Parent / Guardian (Signature Over Printed Name)

Applicant (Signature Over Printed Name)



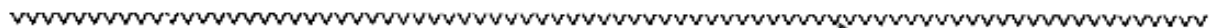
FORM F

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

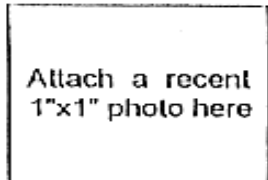
TO WHOM IT MAY CONCERN:

This is to certify that my son / daughter, _____ has no pending application for immigration to the USA or any other country and has no dual citizenship.

Parent / Guardian (Signature Over Printed Name)



Application No. _____



Republic of the Philippines Department of Labor and Employment In coordination with the Department of Science and Technology

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TO BE FILLED-UP BY OWWA EVALUATOR

TEST PERMIT

Your application for the DOST-SEI (CMWSF) National Scholarship Examination is conditionally approved. Please report on _____ on the indicated schedule and venue.

- [] First Batch from 7:00 A.M. to 12:00 Noon
[] Second Batch from 1:00 P.M. to 6:00 P.M.

Venue : _____
Address : _____

Submit this test permit to the DOST-SEI Examiner on the day of the examination. Please bring your pencils (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)

Very truly yours,

OWWA Regional Supervisor (Signature Over Printed Name)