



Republic of the Philippines
Department of Health
**DOH SCHOLARSHIP PROGRAM
APPLICATION FORM**

Paste a recent 1" x 1"
photograph (taken
within the last 6 months)
in this box.

Print legibly and use separate sheet if necessary. Place ✓marks in appropriate boxes. Only accomplished application forms will be processed.

SCHOLARSHIP APPLIED FOR:

- Medical Scholarship Program
 Midwifery Scholarship Program

PERSONAL BACKGROUND

<input type="checkbox"/> Member of Ethnic Minority or Indigenous People Specify: _____		<input type="checkbox"/> Barangay Health Worker – Child		<input type="checkbox"/> Government Staff – Child	
		<input type="checkbox"/> Traditional Birth Attendant - Child		<input type="checkbox"/> Victim of Calamity/ Insurgency	
NAME: (Surname)		(First Name)		(Middle Name)	
DATE OF BIRTH:			PLACE OF BIRTH:		
AGE:	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		NATIONALITY:	Religious Affinity:
PERMANENT ADDRESS:					Tel #:
MAILING ADDRESS:					Tel #:

CELLPHONE # (if any)	E-MAIL ADDRESS: (if any)
TIN #:	Philhealth # (if any)
LBP Account: (if any)	LBP Branch:

FAMILY BACKGROUND

Father's Name:	Age:	Occupation:	Salary:
Mother's Name:	Age:	Occupation:	Salary:
Spouse's Name:	Age:	Occupation:	Salary:
Number of siblings _____	Gross Monthly Family Income:	Names of Children: _____ _____ _____	Age(s) _____ _____ _____
Sibling Rank _____			

EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL	HIGHEST GRADE FINISHED OR DEGREE EARNED	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ HONOR(S) / DISTINCTION RECEIVED
			From	To	
ELEMENTARY					
SECONDARY					
VOCATIONAL / TRADE COURSE					
COLLEGE					
GRADUATE STUDIES					

EMPLOYMENT / SERVICE RECORD (Start from current work)

POSITION TITLE	OFFICE/COMPANY	INCLUSIVE DATES	STATUS OF EMPLOYMENT	MONTHLY SALARY

REFERENCES

Please provide at least two (2) character references you are not related to.

NAME	POSITION & ADDRESS	CONTACT NO.

I declare that all information and documents submitted with this application form are true and correct pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

<p>_____</p> <p>Applicant's Signature over Printed Name</p> <p>_____</p> <p>Date</p>
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Attachments:

1. Copy of Barangay Certification/ Certification of a Bona Fide Resident of the Community
2. Copy of Combined Family Income Tax Return (ITR)
3. Certificate of Indigency (if applicable)
4. Certification from National Commission on Indigenous Peoples (NCIP) (if applicable)