

REPUBLIKA NG PILIPINAS  
REPUBLIC OF THE PHILIPPINES  
**KAGAWARAN NG EDUKASYON, KULTURA AT ISPORTS**  
**DEPARTMENT OF EDUCATION, CULTURE AND SPORTS**  
UL Complex, Meralco Avenue  
Pasig, Metro Manila

TANGGAPAN NG KALIHIM  
(OFFICE OF THE SECRETARY)

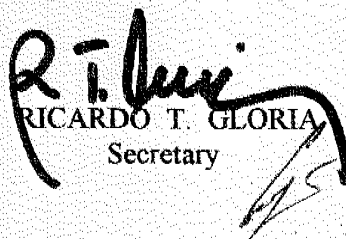
September 18, 1997

DECS MEMORANDUM  
No. 370, s. 1997

To : Bureau Directors  
Regional Directors  
Schools Division Superintendents  
Private Secondary School Principals

**THE 1998 SCIENCE AND TECHNOLOGY  
SCHOLARSHIP EXAMINATION**

1. The Department of Science and Technology through the Science Education Institute (DOST-SEI), in coordination with the Department of Education, Culture and Sports (DECS) announces the 1998 Science and Technology Scholarship to be administered in the eighty-seven (87) test centers throughout the country.
2. Qualified to take the scholarship examination are graduating students in SY 1997-98 or high school graduates who have not yet earned any units in any post secondary or undergraduate course and wish to enter college in SY 1998-99. They should belong to the upper 5% of the graduating class with good moral character and in good health. These requirements have to be certified by concerned authorities as specified in the inclosed forms.
3. Application forms which can be reproduced are available and should be filed and processed only at the SEI-DOST, Third Floor, PTRI Bldg., Taguig, Metro Manila, DOST Regional Offices and Provincial Science and Technology Centers nearest the applicant. These forms can also be obtained from the DECS Regional Offices and the Offices of the Congressmen.
4. Deadline for filing the application forms shall be on October 10, 1997. The examination date is scheduled on Sunday, November 9, 1997.
5. Other details regarding the scholarship examination may be referred to the inclosed announcement of the 1998 Science and Technology Scholarships (RA 7687) and the DOST-SEI Undergraduate Scholarships.
6. Immediate dissemination of this Memorandum to all concerned is desired.

  
RICARDO T. GLORIA  
Secretary

Incls.: As stated

Reference:

DECS Memorandum: No. 362, s. 1996

Allotment: 1--(D.O. 50-97)

To be indicated in the Perpetual Index  
under the following subjects:

EXAMINATIONS

SCHOLARSHIPS

STUDENTS

**FORM A**

APPLN. No. \_\_\_\_\_  
P.R. No. \_\_\_\_\_  
Amount: \_\_\_\_\_

**NOT FOR SALE**  
(can be reproduced)  
Attach a recent  
1" x 1"  
photo here

Republic of the Philippines  
Department of Science and Technology  
**SCIENCE EDUCATION INSTITUTE**  
P.O. Box 1412 Manila

**INFORMATION SHEET**  
for the

**1998 DOST-SEI UNDERGRADUATE SCIENCE SCHOLARSHIPS**

(Note: Please PRINT all information asked)

**A. PERSONAL DATA**

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

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

Father

Mother

9. Name: \_\_\_\_\_  
10. Citizenship: \_\_\_\_\_  
11. Highest Educational Attainment (pls. specify) \_\_\_\_\_  
12. Occupation (pls. specify) \_\_\_\_\_  
13. Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
14. Number of children in the family \_\_\_\_\_ 15. Family order: 1st \_\_\_\_\_, 2nd \_\_\_\_\_, others (specify) \_\_\_\_\_  
16. Tribal Affiliation (if any): \_\_\_\_\_

**C. SCHOLARSHIP INTENTIONS DATA**

17. Check appropriate box

Program A [ ] SCIENCE AND TECHNOLOGY SCHOLARSHIPS (RA 7687) - For applicant whose annual family gross income is ₱ 72,000.00 and below. Submit proof i.e. 1996 Income Tax Return or its equivalent. If applicant cannot submit any proof, he/she is classified under Program B.  
Check Program of Study Applied for:  
[ ] BS  
[ ] Technician

**NOTE: You are advised to take the Admission Test of the University/College where you intend to enroll for SY 1998-1999**

18. Test Center nearest your school: \_\_\_\_\_

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 DOST Secretary is final and unappealable.

Attested by: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian  
(Please print name and sign above it.)

(Please do not Detach)

APPLN. No. \_\_\_\_\_  
P.R. No. \_\_\_\_\_  
Amount: \_\_\_\_\_

**NOT FOR SALE**

Attach a recent  
1" x 1"  
photo here

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**TEST PERMIT**

Your application for the 1998 DOST-SEI National Scholarship Examination is conditionally approved. Please report on November 9, 1997.

( ) First Batch from 7:00 A.M. - 12:00 Noon

( ) Second Batch from 1:00 P.M. - 6:00 P.M.

**PLEASE DON'T FILL UP THIS PORTION**

School: \_\_\_\_\_  
Address: \_\_\_\_\_

Submit this test permit to the DOST-SEI Examiner on the day of the examination. Bring your pencils (mongol #2), ID card, and snacks.

**FILL IN NEEDED INFORMATION**

Print Name and Sign \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Please do not forget to indicate your Zip Code.

Very truly yours,

**ELMA C. RAFAEL**  
Chief  
Scholarship and Training Division

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 DOST Regional Offices and received by same not later than October 10, 1997.

**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 1998 DOST-SEI Undergraduate Science Scholarships.

\_\_\_\_\_  
Name (Print) and Signature of Medical Officer

\_\_\_\_\_  
Official Designation

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**FORM C** **CERTIFICATION OF 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. DOST may require another certification before the signing of the scholarship agreement.

\_\_\_\_\_  
Signature of Principal/Guidance Counselor

\_\_\_\_\_  
Name in Print

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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 5% of the total \_\_\_\_\_  
Number \_\_\_\_\_ graduating students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in Print

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**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 Scholarship Examination and any post-secondary or undergraduate/college units.

Signature

Name in Print

FORM F

PARENT'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that that the undersigned has no pending application for immigration for the USA or any other country.

Signature of Parent

FORM G

CERTIFICATION OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ is a bonafide resident of \_\_\_\_\_ for not less than 4 years. For Muslim, please indicate your tribe, if there is any.

Address: \_\_\_\_\_

Signature of School/Barangay Official

Name in Print