



**Republic of the Philippines**  
**BANGSAMORO**  
**Autonomous Region in Muslim Mindanao**  
**Ministry of Science and Technology**  
*Bangsamoro Government Center, Cotabato City*

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

**APPLICATION FORM**

for the

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STSD-101.2  
 Rev. 0 / 06-07-20

**BANGSAMORO ASSISTANCE FOR  
 SCIENCE EDUCATION (BASE)  
 PROGRAM 2020**

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

**FORM A** Instruction: The applicant must be the one to accomplish Form A and affix his/her signature together with one of his/her parents or legal guardian. Write clearly 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.

**Deadline for Submission: 27 July 2020 (Friday)**

**Date of Examination: 22 August 2020 (Saturday)**

**I. PERSONAL DATA**

1. Name of Applicant  Surname  First Name  Middle Name

2. Sex  Male  Female 3. Date of Birth  4. Place of Birth

5. Citizenship  6. Do you have a dual citizenship?  Yes  No If yes, please specify:

7. Contact Nos.: Landline Phone No.  Cell Phone No.  8. Email Address:

9. Permanent Address

No.  Street  Barangay  City/Municipality  Province  Zip Code

10. Number of Children in the Family  11. Birth Order of Applicant (1st child, 2nd child, etc.)  District (Encircle)  LONE/1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup>/5<sup>th</sup>/6<sup>th</sup>/7<sup>th</sup>

12. Senior High School Strand  STEM  NON-STEM (To be provided by DOST-SEI)

13. Name of School

14. Type of School  Regular Public High School  Science High School  Private High School  University/College-based Senior High School

15. Address of High School

16. Tuition and Other School Fees Paid in a Private High School  P  17. Have you been issued a passport?  Yes  No  
 If yes, please write the Passport No.

\*Please attach assessment form or statement of account provided by the school. If under scholarship: indicate name of scholarship, amount of grant and submit certification from school or foundation.

**II. FAMILY DATA**

	Father	Mother	Legal Guardian <small>(To be accomplished ONLY by those whose parents are deceased, working abroad, etc; should submit <b>affidavit of guardianship</b>)</small>
18. Name			
19. Highest Educational Attainment			
20. Occupation (pls. specify)			
21. Name of Employer			
22. Employer Address			
23. 2019 Annual Gross Income (in pesos; taxable and non-taxable)			
24. If self-employed, declare 2019 Annual Gross Income			
25. Tribal Affiliation <small>If applicable, please submit a certification of membership from the local Office of Muslim Affairs or National Commission on Indigenous People.</small>			
26. Is your family a beneficiary of the DSWD's <b>Pantawid Pamilyang Pilipino Program (4Ps)</b> ? <small>If yes, please provide clear photocopy of your family's 4Ps ID.</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Have you applied for scholarship other than the MOST BASE?  Yes  No  
 If yes, please identify which scholarship:  OWWA  CHED  GSIS  Others, specify \_\_\_\_\_

28. College/University where you intend to enroll: \_\_\_\_\_

Note: You are advised to take the admission test of the college/university where you intend to enroll in SY 2020-2021.

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

Note: Please refer to the list of designated test centers in the 2020 BASE Program 2020 announcement brochure.

The scholarship examination will be administered on **22 August 2020 (Saturday)** at an identified test center in your province.

**I hereby certify that all answers given above are true and correct to the best of my knowledge.**

Attested by:

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

\_\_\_\_\_  
**Signature of Applicant**  
 Date: \_\_\_\_\_

**FORM B – HOUSEHOLD INFORMATION QUESTIONNAIRE (HIQ)**

**A. HOUSEHOLD PROFILE**

1. Profile of household members (Please include only the parents, applicant and applicant’s siblings who are single, age 21 and below, live under the same roof and share in common food.)

(Ibilang ang mga magulang, aplikante at mga kapatid ng aplikante na walang asawa, may edad 21 pababa, kasalukuyang nakatira sa bahay at kasama sa inihahaing pagkain.)

Name (Put Household Head* as first in the list; include name of applicant)	Relationship to Applicant	Age	Civil Status (See codes below)	Highest Educational Attainment (Specify grade, year or degree)	Grade or Year Attending if Currently in School	Occupation of Working Household Member	Class of Worker (See codes below)	Gross Income for the Year 2016 (in pesos)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								

\*Household head usually provides the chief source of income for the family. He or she is responsible for the organization and care of the household or the person who is regarded as such by the members of the household.

Codes for Col. 4 (civil status):

- 1 Single                      2 Married                      3 Widowed                      4 Divorced/Separated                      5 Unknown

Codes for Col. 8 (class of worker):

- |   |  |
|---|--|
| 1 Works for private household   | 5 Employer in own family-operated farm/business          |
| 2 Works for private establishment   | 6 Works with pay on own family-operated farm/business    |
| 3 Works for government agency/corporation   | 7 Works without pay on own family-operated farm/business |
| 4 Self-employed without any employee<br>(e.g., sari-sari store owner, dressmaker) | 8 Unemployed (e.g. housewife)                            |

1.a Annual Household Gross Income 2019 P \_\_\_\_\_

1.b If both parents are unemployed, do you have any relative/s other than those in the profile of household members (whether here or abroad) who contribute in meeting your family expenses?  Yes  No

If yes, please accomplish the table below:

Nature of Financial Contribution (e.g., remittances)	Relationship of Contributor to Applicant (e.g., brother who is an OFW)	Frequency of Contribution (please mark with ✓)	Average Contribution (In pesos)
		( ) Monthly	
		( ) Quarterly	
		( ) Every____(no. of mos.)month	

**Paalala:**

- Kung ang mga magulang ay may hanapbuhay (employed) o di kaya ay may sariling negosyo, magbigay ng kopya ng Income Tax Return (ITR) o W-2 para sa taong 2019.
- Kung walang hanap buhay (unemployed) ang ama, magbigay ng kopya ng BIR Certification o Municipal/Barangay Certification of Indigency o Exemption ng pag file ng ITR.
- Kung ang ina ay "housewife", hindi na kailangang magsumite ng nasabing sertipikasyon.

**FORM C**

**CERTIFICATE OF GOOD MORAL CHARACTER**

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 the date of application.

Printed Name & Signature of Principal/Guidance Counselor  
Date: \_\_\_\_\_

NOTE: Failure to maintain good moral character before the award of the assistance shall cause forfeiture thereof. MOST-BARMM may require another certification before the signing of the BASE Program Agreement 2020 should the applicant qualify.

**FORM D-1 For Applicant from the STEM Strand**

**PRINCIPAL'S CERTIFICATION**

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ is a candidate for graduation of \_\_\_\_\_ for the SY2019-2020.  
(Name of School/Address)

Printed Name & Signature of Principal  
Date: \_\_\_\_\_

**FORM D-2 For Applicant from the NON-STEM Strand**

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 SY 2019-2020 and is classified within the **upper five** percent of \_\_\_\_\_ graduating students.  
total number

**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 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 any previous DOST-SEI Undergraduate Scholarship Examination and has not earned any post-secondary or undergraduate units.

Attested by: \_\_\_\_\_  
Printed Name & Signature of Parent or Guardian

Printed Name & Signature of Applicant  
Date: \_\_\_\_\_

**FORM F**

**PARENT'S CERTIFICATION**

This is to certify that my son/daughter, \_\_\_\_\_, has no pending application for immigration to the USA or any other country.

Printed Name & Signature of Parent  
Date: \_\_\_\_\_

**FORM G**

**CERTIFICATE OF RESIDENCY**

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ is a bonafide resident of \_\_\_\_\_ for not less than 4 years.

Printed Name & Signature of Barangay Official/Principal  
Date: \_\_\_\_\_

**FAMILY PROFILE (Continuation)**

3. Ownership of the housing unit: (Indicate answer in the box provided)

1 Owned, Fully Paid    2 Owned, Amortized    3 Rented    4 Rent free/ living w/ relatives    5 Others, pls. specify \_\_\_\_\_

If rented, how much is the monthly rental?  P /month

If amortized, how much is the monthly amortization?  P /month

4. Owns hectares of agricultural or non-residential land?  (area in sq. m)     None

5. Electric Consumption for the last three (3) months  kwh     kwh     kwh

(Note: Provide clear photocopies of the electrical bills.) \_\_\_\_\_ 2020    \_\_\_\_\_ 2020    \_\_\_\_\_ 2020

6. Does your family own any of the following appliances and vehicles?

No. of Working Units	Appliance/Vehicle	Mode of Acquisition	Make/Model	Year Acquired
<input type="text"/>	Air condition	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Movie Camera	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Car/Van/Pajero/Other Similar Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Fleet of Jeepney or tricycle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Ipad	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Industrial Freezer	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Industrial Dryer	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Indicate name(s) of existing credit card of the family members, if any: \_\_\_\_\_

**B. CONTACT ADDRESS/NO. (Indicate as many as possible)**

Mailing Address	<input type="text"/>	
	<input type="text"/>	
	Applicant	Parent or Legal Guardian
Landline Phone No.	<input type="text"/>	<input type="text"/>
Cell Phone No.	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

Submitted by:

\_\_\_\_\_  
**Signature Over Printed Name of Applicant** \_\_\_\_\_  
Date Signed

**SIGNED DECLARATION BY THE PARENTS OR LEGAL GUARDIAN:**

I/We hereby certify to the truthfulness and completeness of information provided. Any misinformation or withholding of information will automatically disqualify my/our child from the MOST-BARMM Undergraduate Cash Assistance Program. I/we are also willing to refund all the financial benefits received plus the appropriate interest if such misinformation is discovered after my/our child has accepted the award.

In connection with this application for cash assistance, I/we hereby authorize the MOST designated representative to conduct a credit check on the family finances, including bank accounts, credit card accounts, SSS and GSIS accounts, and to visit our family dwelling.

Father's Signature \_\_\_\_\_  
over printed name \_\_\_\_\_  
or  
Legal Guardian's Signature \_\_\_\_\_  
over printed name \_\_\_\_\_

Mother's Signature \_\_\_\_\_  
over printed name \_\_\_\_\_  
Date Signed: \_\_\_\_\_

**For MOST BARMM/RO STAFF USE ONLY**

**CHECKLIST OF DOCUMENTS SUBMITTED:**

Accomplished Forms:  
 A     B     C     D1     D2     E     F     G\*

Two recent (1"x1") pictures

Photocopy of SECPA/PSA Birth Certificate

Report card of last school education is preferred over others

Parent/s most recent Income Tax Return / W2 /

Employment Contract for OFW / BIR Cert. Of Exemption

from Filing of ITR/Brgy. Cert. of Indigency.

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

\_\_\_\_\_  
Printed Name/Signature

I                      MOST RO. No.

**Remarks:**  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_