



Republic of the Philippines
PROVINCE OF NEGROS OCCIDENTAL
NEGROS OCCIDENTAL SCHOLARSHIP PROGRAM

APPLICATION FORM

Recent
Passport Size
Photo

Size: 4.5cmx3.5cm

STRICTLY NO SELFIE.

Instructions: Fill out all required information using **black ballpen only**. Do NOT leave an item blank.
If item is **not applicable**, indicate "**N/A**". Write legibly and in **ALL CAPITAL LETTERS**.

SCHOLARSHIP CATEGORY APPLIED FOR: *(Please check one.)*

☐ Pagkaon (PSG)

☐ District Educational Scholarship (DES)

☐ NOPMANS - Medicine

☐ DCSOFW

☐ Pagkaon - DCS (PDCS)

☐ Degree Completion Scholarship (DCS)

☐ NOPMANS - Nursing

☐ Provincial Midwifery Scholarship (MWS)

☐ Indigenous Peoples' Scholarship (IP)

☐ Scholarship for Persons with Disabilities (PWD)

☐ Children of Solo Parent (CSPS)

☐ Children of Non-Returning OFW Scholarship (CONROFW)

*Name:

(Last Name)

(First Name)

(Name Extension, i.e. Jr/Sr., if any)

(Middle Name)

*Home Address:

(House/Block/Lot No./Street/ Subdivision/Village/Sitio/Purok)

(Barangay)

(City or Municipality)

*Civil Status:

*Religion:

*Citizenship:

*Date of Birth:

(month/dd/yyyy) (e.g. June 17, 1970)

*Place of Birth:

(City or Municipality)

*Age:

*Sex:

☐ Male

☐ Female

*Email Add:

*Mobile. No.

Type of Disability (if applicable)

*EDUCATIONAL BACKGROUND

LEVEL	COMPLETE NAME OF SCHOOL	ADDRESS	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
Senior High School Grade 12)				
College				
(To be filled out by college student applicants only)	Degree/Course Title: Academic Status: <input type="checkbox"/> Regular Student <input type="checkbox"/> Irregular Student		Current Year Level: <input type="checkbox"/> Grade 12 <input type="checkbox"/> Out of School Youth <input type="checkbox"/> 1st year college <input type="checkbox"/> 2nd year college <input type="checkbox"/> 3rd year college <input type="checkbox"/> 4th year college <input type="checkbox"/> 5th year college	

*PREFERENCE (To be filled out by Grade 12 students or out-of-school youth applicants only.)

COURSE	SCHOOL
1st priority	
2nd priority	

*FAMILY BACKGROUND

Father:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Age:		Mother:	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Age:	
Name:				Name:			
Address:				Address:			
Occupation:				Occupation:			
Company:				Company:			
Monthly Income: ₱				Monthly Income: ₱			
Highest Educational Attainment: <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Grad				Highest Educational Attainment: <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Grad			
Name of Siblings	Age	Sex	Relation	Highest Educational Attainment	Occupation	Monthly Income	
1						₱	
2						₱	
3						₱	
4						₱	
5						₱	

No. of siblings in the family: (Use separate sheet if more than 5.)

* To be filled out by Children of Non-Returning OFW or DCS-OFW applicants only:

Previous occupation abroad:	Country:	Last date of employment:
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* To be filled out by Children of Solo Parent applicants only:

Who supports your education? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others (please specify):	Solo Parent ID No.:	Valid Until:
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*DECLARATION

I. Have you applied to other institution for scholarship grant or program other than NOSP?

☐ Yes If yes, please specify:

☐ No e.g. DOST, CHED, SRA, etc.

II.

I hereby certify that all information given are true to the best of my knowledge.
Any misinformation or misdeclaration I have made will be a ground for my disqualification for admission to the program.

CONFORME:

Signature over Printed Name of Applicant

Date Accomplished

DO NOT FILL OUT THIS PART.
(For NOSP Coordinators only.)

Evaluated/Assessed by:	NOSP Coordinator	Date
Remarks:		