

**APPLICATION FORM**  
**Isabelo Delos Reyes (IDR) Scholarship Grant**

**PRIVACY NOTICE:** The Department of Labor and Employment (DOLE) respects your right to privacy. We collect or generate your personal information, including but not limited to name, address, contact number, employer or organization you are representing, email address, mobile number and other personal data necessary to facilitate your application. By filing a duly accomplished form, you are agreeing to the collection, processing and sharing of the collected information consistent with existing laws, rules and regulations.

**WORKERS' ORGANIZATION INFORMATION:**

Name of Applicant Organization: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Name of President: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

**EXECUTIVE BOARD/OFFICERS RESOLUTION**

We, the Executive Board/Officers of the  (Name of Applicant Organization)  is hereby applying and endorsing the dependent child of our officer/member,  (Name of officer/member)  of  (Name of Local/Affiliate/Workers Association/PSU, if applicable) , for the WODP IDR scholarship grant.

**IN WITNESS WHEREOF**, we hereby set our hands this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ at \_\_\_\_\_, Philippines.

PRINTED NAME OF OFFICER	POSITION	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(Use additional sheet if necessary)

**Scholar's Information:**

Name of IDR Scholar: \_\_\_\_\_  
 Complete Home Address: \_\_\_\_\_  
 Gender: [  ] Male [  ] Female      Cellphone No/Landline No. \_\_\_\_\_  
 Course to take-up: \_\_\_\_\_  
 Number of years to finish the course (**copy of course curriculum attached**): \_\_\_\_\_  
 Name of School: \_\_\_\_\_  
 School Address: \_\_\_\_\_

1 X 1 Picture  
of Scholar

Name of Parent-Member of scholar: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name of workers' organization where parent-member is an officer/member: \_\_\_\_\_

**CERTIFICATION OF PARENT/MEMBER OF SCHOLAR**

This is to certify that I have not availed of any Workers Organization Development Program (WODP) Scholarship Grant nor any of my dependent children.

\_\_\_\_\_  
 Signature over printed name of  
 Parent-Member of IDR Scholar