

**APPLICATION FORM**  
**REGULAR 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 our officer/member of \_\_\_\_\_ (Name of Local/Affiliate/Workers Association/PSU, if applicable) for the WODP Regular 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:**

1 X 1 Picture  
of Scholar

Name of Scholar: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Gender: [  ] Male [  ] Female      Cellphone No/Landline No. \_\_\_\_\_  
 Name of workers' organization where scholar is an officer/member: \_\_\_\_\_  
 Course/Program to take-up: \_\_\_\_\_  
 Number of months/semester to finish the course/program as per attached course curriculum: \_\_\_\_\_  
 Name of School to enroll at: \_\_\_\_\_  
 School Address: \_\_\_\_\_

**CERTIFICATION**

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

This certification is being issued as a requirement to avail of the WODP Scholarship Grant.

\_\_\_\_\_  
Signature over printed name of  
WODP (Regular) Scholar