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**APPLICATION FOR COMPETITIVE EXAMINATION
 LOCAL SCHOLARSHIP PROGRAM
 BACHELOR'S DEGREE COMPLETION**

INSTRUCTIONS TO APPLICANTS:

Please fill in all the required information in this Application and submit the documents to be required by the CSC Regional Office.

1. APPLICANT'S PRINTED NAME _____
 Surname Given Name Middle Name Maiden Name
2. COMPLETE MAILING ADDRESS _____ ZIP CODE _____ 3. TEL. NO. _____
4. DATE OF BIRTH _____ 5. PLACE OF BIRTH _____ 6. AGE: _____ 7. SEX _____ 8. CIVIL STATUS _____
9. AGENCY NAME & ADDRESS _____ 10. OFFICE TEL. NO. _____ 11. CITIZENSHIP _____

12. EDUCATION:

Bachelor's Course School Inclusive Dates Highest Year in College Completed

13. HAVE YOU FINISHED ANY BACHELOR'S DEGREE COURSE? ____ YES ____ NO; *If YES, pls state:*

14. ARE YOU SERVING A SCHOLARSHIP CONTRACT? ____ YES ____ NO; *If YES, pls state:*

15. ARE YOU IN GOOD HEALTH? ____ YES ____ NO (Attach Medical Certificate)

16. RECORD OF EMPLOYMENT IN THE GOVERNMENT *(Please attach another sheet, if necessary)*

INCLUSIVE DATES		POSITION	SALARY PER MONTH	STATUS OF APPOINTMENT	COMPLETE NAME & ADDRESS OF OFFICE
FROM	TO				

17. PERFORMANCE RATING *(For the last two rating periods)* 1ST RATING PERIOD _____ 2ND RATING PERIOD _____

18. DO YOU HAVE ANY PENDING ADMINISTRATIVE CASE? ____ YES ____ NO; CRIMINAL CASE? ____ YES ____ NO; *If YES, give details of the offense*

19. HAVE YOU EVER BEEN CONVICTED OF ANY ADMINISTRATIVE OFFENSE? ____ YES ____ NO; *If YES, give details of the offense*

20. *I declare under the penalties of perjury that this application has been accomplished in good faith, verified by me and to the best of my knowledge and belief is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.*

 Signature of Applicant/Date

21. NOMINATION:

I nominate Mr./Ms. _____ to the Local Scholarship Program - Bachelor's Degree Completion. Once qualified, I will allow the scholar to study on official time for one year. I will relieve the scholar from all duties and responsibilities during this period.

 Signature over Printed Name of Head of Agency

Subscribed and sworn to before me this _____ day of _____, _____.

 Signature over Printed Name of Administering Officer

 Office/Position

FOR PROCESSORS/EVALUATORS ONLY: ACTION TAKEN Approved Disapproved _____ (Signature of First Processor/Date)

APPLICATION RECEIPT

Application No. _____

RECEIVED THE APPLICATION FOR THE LOCAL SCHOLARSHIP PROGRAM - BACHELOR'S DEGREE COMPLETION (LSP-BDC)

DATE : _____ PLACE : _____ TIME : _____

SIGNATURE OF PROCESSOR: _____ DATE PROCESSED: _____

APPLICANT'S PRINTED NAME: _____	SEX _____
BIRTHDATE: _____	PLACE OF BIRTH _____
SIGNATURE _____	

Bring the following on examination day:

1. Application Receipt/Notice of Assignment
2. Two pcs. 1½ x 2 inches recent ID photo w/ name tag
3. One blue or black ballpen
4. Lead (black) pencils & eraser
5. Identification Card (ID)

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 (1½ x 2 inches)
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WARNING: IMPERSONATION OR CHEATING EQUALS DISMISSAL AND/OR IMPRISONMENT