Revised Form A 12/24

Republic of the Philippines
BANGSAMORO
Autonomous Region in Muslim Mindanao

MINISTRY OF SCIENCE AND TECHNOLOGY

2025 MOST-BARMM SCIENCE AND TECHNOLOGY UNDERGRADUATE SCHOLARSHIP GRANTS APPLICATION FORM

Attach recent 3.5 cm x 4.5 cm (W x H) Passport size with nameplate (hand printed name and signature), colored, white background

TYPE OF SCHOLARSHIP GRANT APPLIED FOR: ☐ **BASE** ☐ **BASE-MERIT**

FORM A – PERSONAL INFORMATION

Instruction: Write clearly in CAPITAL LETTERS your personal information 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.

I. PERSONAL DATA

Name of Applicant *(Last Name, First Name, Middle Name, Suffix Name)*:			**Religion:**
Date of Birth (*MM/DD/YYYY*): / /	**Place of Birth**:	**Your order of birth in your family:**	**Number of Children in your Family including you**:
Sex: ☐Male ☐Female	**Mobile Phone No.**:	**Email Address**:	**Civil Status:** ☐Single ☐Married ☐Separated ☐Widowed
Permanent Address *(House/Unit No., Lot/Blk., Street, Village/Barangay)*:			**Citizenship**:
City/Municipality:	**Province:**	**Zip code:** / **District:**	**Do you have dual citizenship?** ☐Yes ☐No *If yes, please specify:* _____
Type of School: ☐ Regular Public HS ☐ PSHS ☐ Science HS ☐ Private HS ☐ University/College-based Senior HS ☐ Lab. School ☐ Homeschool			**Senior High School Strand**: ☐STEM ☐NON-STEM
Name of School:			**DepEd Learner Reference Number:** ☐☐☐☐☐☐☐☐☐☐☐☐
Address of School: _____			
What S&T priority course do you intend to pursue in college? First choice : _____ Second choice: _____			

	Father	Mother	Legal Guardian *should submit notarized Affidavit of Guardianship)*
Name			
Civil Status/Status (*See codes below.*)			
Contact Number			
Highest Educational Attainment			
Occupation (*Please specify.*)			
Class of Worker (*See codes below.*)			
Name of Employer			
Employer Address			

Codes for Civil Status/Status:

S – Single
M – Married W – Widowed
D – Divorced/Separated U – Unknown
X – Deceased

Codes for Class of Worker:

A – Overseas Filipino Worker (OFW)
B – Works for Private Household
(ex. On-call Construction Worker, Labandera, Kasambahay)
C – Works for Religious Organizations *(ex. Pastor)*
D – Works for Private Establishment *(ex. Call Center Agent)*
E – Works for Government *(ex. Barangay Official)*
F – Self-Employed without any employees
(ex. Tricycle Driver, Farmer, Ambulant Vendor, Sari-Sari Store Owner, Dressmaker)

FORM B

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 Program Agreement should the applicant qualify.

FORM C-1 For Applicant from the STEM Strand

Name of Senior High School : _____
Address : _____

PRINCIPAL'S CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that _____ is from the STEM strand, belongs to the graduating class for SY 2024-2025.

Note: Please provide form138-A for the applicant.

_____
Printed Name & Signature of Principal
Date: _____

FORM C-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 2024-2025 with average grade of (90%) and above for the first semester of his/her grade 12.

Note: Please provide form138-A for the applicant.

_____
Printed Name & Signature of Principal
Date: _____

FORM D (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 MOST- Scholarship Grants and Awards undergraduate scholarship examination and has not earned any post-secondary or undergraduate units.

Attested by: _____
Signature of Parent or Guardian

_____
Printed Name & Signature of Applicant Printed Name
Date: _____

Note: Please provide grade 12 form138-A for the applicant.

FORM E

PARENT'S CERTIFICATION

This is to certify that my son/daughter _____, has no pending application for immigration to any other country in abroad.

_____
Printed Name & Signature of Parent
Date: _____

FORM F

CERTIFICATE OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a bona fide resident of _____ for not less than (6) years.

_____
Printed Name & Signature of Barangay Official

Date: _____

FORM G

CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____is of good health and is fit to study in college.

(Name of Applicant)

_____
Printed Name & Signature

Designation _____
(i.e., Private/Barangay Health Center Physician/Nurse/Midwife)

License No. _____
Date: _____

FORM H

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.

_____
Father's Signature
Signature Over printed name

_____
Mother's Signature
Signature Over printed name

_____
Legal Guardians
Signature Over printed name

_____
Date Signed

FOR MOST BARMM/RO STAFF USE ONLY

CHECKLIST OF DOCUMENTS TO BE SUBMITTED TO CITY/PROVINCIAL OFFICE:

1. *Two recent (1"x1") pictures*
2. *Photocopy of SECPA/PSA Birth Certificate*
3. *Grade 12 report card 1st Semester for graduating student; and*
4. *Grade 12 report card 1st & 2nd Semester for graduated student.*
5. *Form B, (C1) for STEM strand, D, E, F, G, & H*
6. *Form B, (C2) for Non-STEM strand, D, E, F, G, & H*

Note: *Please put all your documents into a brown expanded envelope with your name written on the top left portion.*

Deadline for filing of application: March 31, 2025
Tentative schedule of examination: April 14, 2025

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

_____
Printed Name/Signature

( ) MOST REGIONAL OFFICE
( ) MOST (PSTO/CSTO)

REMARKS:

( ) COMPLETE DOCUMENTS
( ) INCOMPLETE DOCUMENTS

DATE RECEIVED AND VERIFIED:
_____

TIME: _____