



OFFICE OF THE MAYOR  
Taguig City, Philippines

Recent  
2x2  
ID Picture  
(taken in the last 6  
months)

**LEAD SCHOLARSHIP APPLICATION FORM**  
(For Applicants from the Department of Education)

**Instruction:**

1. PRINT all entries. Place an X in the appropriate blanks.
2. Be HONEST and ACCURATE with your answers.

Date: \_\_\_\_\_

School Year: \_\_\_\_\_ Semester: \_\_\_ 1<sup>st</sup> Sem \_\_\_ 2<sup>nd</sup> Sem  
\_\_\_ New Applicant \_\_\_ Renewing Applicant \_\_\_ # of Sem you benefited from the LEAD Scholarship

**SCHOLARSHIP APPLIED FOR:** Leaders & Educators' Advancement & Development (LEAD)  
\_\_\_ 3-5 units \_\_\_ 6-8 units \_\_\_ 9 or more units \_\_\_ Thesis/Dissertation Grant

**REQUIREMENTS TO BE SUBMITTED**

*Please provide 3 sets of all the documents. All photocopied documents to be submitted should be faithful reproduction of the original. Bring the original copies of the documents for validation purposes. Ask for the 3<sup>rd</sup> set as your "Receiving Copy" upon submission.*

- |   |  |
|---|--|
| ___ Filled-up Application Form with 2x2 ID picture (original)                                     | ___ Latest Performance Evaluation  |
| ___ Latest School Assessment or Enrolment Form  | ___ Transcript of Records (for new applicants)                               |
| ___ Official Receipt of Enrolment   | ___ Curriculum Checklist of the Course Enrolled                              |
| ___ Certified True Copy of Grades Last Sem or last 2 terms if Trimester (issued by the Registrar) | ___ Workplace ID (back to back)  |
| ___ Certificate of Good Moral (issued by the employer w/in the SY)                                | ___ Voter's Certification from COMELEC (Issued after May 2013)               |
| ___ Copy of Service Record  | ___ Proof of Billing in the applicant's (or his/her spouse's) name & address |

Full Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_

Cellphone No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Years of Residency in Taguig: \_\_\_\_\_

School Assigned: \_\_\_\_\_

Position: \_\_\_\_\_ Gross monthly salary: P \_\_\_\_\_

Latest Performance Rating: (Based on the latest Performance Appraisal) \_\_\_\_\_

Subject taught & Grade/Year level of students: \_\_\_\_\_

Are you currently a recipient, or is applying to be a recipient of other scholarships grants? \_\_\_ Yes \_\_\_ No

If yes, what scholarship: \_\_\_\_\_ Benefit per semester/trimester?: \_\_\_\_\_

This scholarship is given by (pls. specify) \_\_\_\_\_

**GRADUATE STUDIES INFORMATION**

No. of units actually enrolled this sem: \_\_\_\_\_ No. of units completed last sem.: \_\_\_\_\_ Year Level: \_\_\_\_\_

Gen. Average as of Last Semester: \_\_\_\_\_ Total No. of Units Earned: \_\_\_\_\_ Are you graduating? \_\_\_ Yes \_\_\_ No

Course: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

	<b>Degree Obtained/Specialization</b>	<b>Name of School / School Address</b>	<b>Year Graduated</b>	<b>Honors/Awards Received (if any)</b>
Graduate Program (Doctoral Degree)				
Graduate Program (Masters Degree)				
Baccalaureate Program				
Secondary Level				

**EMPLOYMENT RECORD**

<b>Name of Workplace/School/Office and Address (start with the most recent)</b>	<b>Position / Designation</b>	<b>From Month/Year</b>	<b>To Month/Year</b>

**FAMILY BACKGROUND**

	<b>FATHER ( ) Living ( ) Deceased</b>	<b>MOTHER ( ) Living ( ) Deceased</b>
<b>Name</b>		
<b>Address</b>		
<b>Contact No.</b>		
<b>Occupation</b>		
<b>Place of Work</b>		
<b>Highest Educational Attainment</b>		

*For Married Applicants:*

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Office/Institution of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Name of Children: \_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For Unmarried Applicants:*

Name of Sibling/s: \_\_\_\_\_

Age: \_\_\_\_\_

Civil Status: \_\_\_\_\_

If working, where they work & income: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Residence: \_\_\_\_\_ Owned by family \_\_\_\_\_ Owned by relatives \_\_\_\_\_ Renting \_\_\_\_\_ Paying-to-own \_\_\_\_\_ Others (pls specify): \_\_\_\_\_ If renting or paying-to-own, how much are you paying monthly?: P \_\_\_\_\_  
 Does the family have any outstanding loan? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, how much (total)? P \_\_\_\_\_  
 What was the loan or loans used for? \_\_\_\_\_  
 How much is your latest monthly electric bill?: P \_\_\_\_\_ How much is your latest water bill?: P \_\_\_\_\_  
 (Pls. attach photocopy of electricity and water bill)  
 Have you been the object of any disciplinary action in school/office? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you been accused or convicted of any offense/crime? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If the answer to any of the last 2 questions above is "Yes," Pls. provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ENDORSEMENT OF THE SUPERVISOR/PRINCIPAL**

**To: Mayor Ma. Laarni L. Cayetano**  
**Through: The L.A.N.I. Scholarship Screening Committee**

I am endorsing this applicant to the LEAD scholarship Program for the following reasons: (Please check and sign all applicable reasons. ***Absence of signature in ALL of the 5 items below may be interpreted as non-endorsement of this application.***)

- \_\_\_\_\_ 1. I believe that her graduate studies will help him/her in the performance of his/her duties in this institution/office/school;
- \_\_\_\_\_ 2. I believe that s/he has the capability and determination to complete his/her graduate studies;
- \_\_\_\_\_ 3. His/her work performance has been: \_\_\_\_\_ satisfactory \_\_\_\_\_ very satisfactory \_\_\_\_\_ outstanding;
- \_\_\_\_\_ 4. He/she has shown love for the City in the way s/he performs and is committed to serve in her work.
- \_\_\_\_\_ 5. Other Reasons Not Mentioned (Please Specify) \_\_\_\_\_

I have the honor to recommend, \_\_\_\_\_ (name of applicant),  
 \_\_\_\_\_ (position), she/he has been our employee since \_\_\_\_\_.

Endorsed by:

\_\_\_\_\_  
 School Principal (Signature over Printed Name)      Date      Institution/School

Recommending Approval:

\_\_\_\_\_  
 Division Superintendent      Date

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*I hereby certify that ALL the answers given above are TRUE and CORRECT to the best of my knowledge and the attached documents are faithful reproduction of the original copies. I also attest that the attached essay is my original work. I recognize that ANY ACT OF DISHONESTY, FALSIFICATION OR PLAGIARISM will serve as GROUND FOR PERPETUAL DISQUALIFICATION of my application. I also understand that this submission of application does NOT automatically qualify me for scholarship grant and that I will abide by the decision of the L.A.N.I. Scholarship Management. Thank you very much.*

\_\_\_\_\_  
 Printed Name & Signature of Applicant

Date: \_\_\_\_\_

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