Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

WORKERS ORGANIZATION AND DEVELOPMENT PROGRAMS (WODP)

SCHOLARSHIP GRANTS

For more information, please call: (02)527-25-27; (02)527-25-35; (02)527-24-59 or write/visit us at 6th Floor BF Condominium,
Solana Street, Intramuros, Manila
WOPD-Scholarship Grant Checklist

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

(WODP-SCHOLARSHIP GRANTS)

CHECKLIST OF REQUIREMENTS

Initial Stage:

[ ] Application Form
   (WODP-Scholarship Grants Form No.1A) for Regular Scholarship
   (WODP-Scholarship Grants Form No.1B) for Isabelo Delos Reyes Scholarship

[ ] Profile of Scholars
   (WODP-Scholarship Grants Form No.2)

[ ] Certificate of employment/employment record and certificate of salary received

[ ] Recommendation from the President of the Organization

[ ] Birth Certificate of the Scholar

[ ] Transcript of Records

[ ] Reportorial Requirements (For Union applicants only)
   □ xerox copy of union/federation registration certificate
   □ xerox copy of certificate of CBA registration
   □ xerox copy of financial statement for three (3) years
   □ updated list of union members
   □ updated list of union officers and their address
   □ minutes of the election and the list with signatures of voters who participated therein
Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

(WODP-SCHOLARSHIP GRANTS)

APPLICATION FORM

Applicant Organization: ___________________________________________________________

Office Address: _________________________________________________________________

Telephone Number: ___________________________

A. Course to be attended:

[ ] Short Term
 [ ] Vocational/Technical/Review Course
 [ ] Completion of Bachelor’s Degree
 [ ] Master’s Degree

Inclusive date/s: ______________________________

B. Course Title: ___________________________ School: ___________________________

C. Names and Addresses of Intended Beneficiaries (Scholars):

<table>
<thead>
<tr>
<th>Name of Scholars</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>
### WOPD-Scholarship Grant Form No.1A

<table>
<thead>
<tr>
<th>Name of Union Officers/Members</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>2. __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>3. __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>4. __________________________</td>
<td>__________________________</td>
</tr>
<tr>
<td>5. __________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

(Use additional sheet if necessary)

#### D. PROFILE:

- **Registration Number:** ____________________  **Date Registered:** ____________________
- **Membership:** (TOTAL) _____________  **Male:** ___________  **Female:** ___________

#### 1. *For Federation Only:*

**A. Total Number of Affiliates (as of) __________________________**

**B. List of Affiliates:**

| 1. __________________________ | __________________________ |
| 2. __________________________ | __________________________ |
| 3. __________________________ | __________________________ |
| 4. __________________________ | __________________________ |
| 5. __________________________ | __________________________ |
| 6. __________________________ | __________________________ |
| 7. __________________________ | __________________________ |
| 8. __________________________ | __________________________ |
| 9. __________________________ | __________________________ |
| 10. __________________________ | __________________________ |

(Use additional sheet if necessary)
2. *For Independent Union Only:*

A. Name of Company where Union Operates: ________________________________

B. Industry Class/Type of Business of the Company: _______________________

C. No. of years in operation: __________________

D. Total No. of Union Members: ___________ Male: _______ Female: _______

E. List of Union Officers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Term</th>
<th>Address</th>
<th>Educ’l. Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use additional sheet if necessary)

________________________  __________________
Signature                  (Printed Name)

________________________
(Position)

Date Accomplished: _____________
Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor Relations

WODP-SCHOLARSHIP GRANTS
(Isabelo delos Reyes Scholarship Grant)

CHECKLIST OF REQUIREMENTS

☐ Two 1x1 pictures of the applicants scholar

☐ Original and Xerox copy of the latest income tax return (ITR) of the parents

☐ Certification from the labor organization that the parent-officer/member is a bonafide member of the organization

☐ Original and Xerox copy of high school diploma or report card with a general average of 80 or higher in 4th year high school

☐ Certified Xerox copy of the birth certificate of applicant scholar with local civil registry number

☐ Certificate of good health by government physician

☐ Certificate of good moral character issued by the school principal or guidance counselor

☐ Duly accomplished application form by the applicant-scholar
  (to be furnished by the BLR/LRD)
APPLICATION FORM FOR ISABELO DELOS REYES SCHOLARSHIP

I wish to apply for Isabelo delos Reyes (IDR) scholarship grant under the Workers Organization Development Program (WODP) component:

Officers/Members Information:

Name of Local/Chapter: ____________________________________________________________
Independent Union: ______________________________________________________________
Address/Tel. No.: ________________________________________________________________
Name of Federation if affiliated/local: _____________________________________________
Address/Tel. No.: ________________________________________________________________
Name of Officer/Member: _________________________________________________________

(Birthdate) Name:______________________________________________________
(Last Name) (First Name) (Middle Name)

Gender: ____________________
Address/Tel. No.: ______________________________________________________________

Civil Status: _______________________________ Tel. No.: ____________________________

Applicant’s Information

Name of Applicant: _____________________________________________________________
Birthdate: ______________________ Age: _____________ Gender: ____________________

Civil Status: _______________________________ Tel. No.: ____________________________

EDUCATIONAL ATTAINMENT (attached other supporting documents)

Name of Elementary School: ___________________________ Year Graduated: ______
Name of Secondary School: ___________________________ Year Graduated: ______
Vocational/Technical course if any: _____________________________________________
Name of School: _____________________________________________________________
Inclusive dates of attendance: ________________________________________________
Have you availed of any training /scholarship grant? Yes: ______ No: ____________
If yes, what office/agency assisted you? __________________ Inclusive date/s: ______
Course you plan to take-up: ____________________________________________________
School you plan to enroll at: ___________________________________________________
Why do you choose this course? _______________________________________________

____________________________________________________
Signature over printed name

Date Accomplished: ______________________________
Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

(WODP-SCHOLARSHIP GRANTS)

PROFILE OF SCHOLAR

Name: ___________________________________________________________________

Address: _________________________________________________________________

Age: __________

Gender: ____________ Male: ____________ Female: _____________

Civil Status: _____________________

Educational Background: ___________________________________________________

Name of School/College/University

[ ] Elementary Level

[ ] High School Level

[ ] High School Graduate

[ ] College Level

[ ] College Graduate (pls. specify course)

[ ] Post Graduate

Employment History:

<table>
<thead>
<tr>
<th>Inclusive Dates</th>
<th>Position</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>________________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>________________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Training/Seminar Experience:

__________________________________________________________________________

Signature over printed Name

Date Accomplished: _______________________
SCHOLARSHIP QUESTIONNAIRE

NAME OF SCHOLAR: __________________________________________________________

ADDRESS: ________________________________________________________________

WORKERS ORGANIZATION: _________________________________________________

Note: Please answer these questions with utmost honesty. You are assured that the information you will give shall be for your benefit and shall be deemed confidential.

1. What are your reasons for applying for a scholarship?

   [  ] Assistance to the union
   [  ] Self-improvement
   [  ] Promotion
   [  ] Other reasons _______________________________________________________

2. Why did you choose _______________________________________ as your course?

   [  ] It is my field of interest.
   [  ] It is related to my present job.
   [  ] The knowledge I will get from the course could be of help to my union.
   [  ] Other reasons _______________________________________________________

3. What support has your union/promised you in view of your scholarship application?

   [  ] It will grant me union leave.
   [  ] It will help me make a re-entry plan for the union.
   [  ] It will request management to support me by allowing me to study on official time.
   [  ] It will lessen my duties in the union.

4. Are you willing to impart to your co-workers what you gained from the scholarship?

   [  ] Yes   [  ] No

How will you do so? _________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
5. What are the changes you expect in your organization after 3, 6 or 12 months after you finished the course?

   [ ] Improved union administration
   [ ] Increased union membership
   [ ] More programs/projects for union members
   [ ] Better dialogues with the management

6. Remarks: _____________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

_____________________________
Signature over printed name

Date Accomplished: __________________________