

ADOPT A STUDENT PROGRAM

Application Procedures

1. The student fills out the DOUS ADOPT A STUDENT Application Form.
2. He/She submits to the Office of the Student Affairs Services (OSAS) the duly accomplished application form together with the following requirements:
 - a. Form 137 (High School card) for new applicants
 - b. Certification of Grades on the preceding semester at DOUS
 - c. Certificate of good moral character

If applicant is employed

- d. Income Tax Return or Certificate of Employment and Compensation

If applicant is married

- e. Income Tax Return or Certificate of Employment and Compensation of the spouse

If parents and other household members are employed

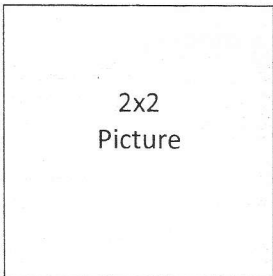
- f. Income Tax Return or Certificate of Employment and Compensation

If parents are NOT employed

- g. Certificate of Exemption from filing of Income Tax Return from the BIR or Certificate of Unemployment from the Municipal/Barangay Executive.

3. The student applicant attaches photocopies of the documents/materials to the application form. Original documents must be presented for verification upon submission of the application. Non-submission of applicable documents/materials may be considered withholding of information.
4. The application for adopt a student program will not be accepted and processed unless all required documents have been provided.
5. The Committee on Scholarship shall review the documents and an interview to the applicant will be conducted. The committee shall recommend to the Director the qualified recipients.
6. MOA signing will be conducted between the recipient of the program and DOUS.

Don Mariano Memorial State University
OPEN UNIVERSITY SYSTEM
 City of San Fernando, La Union



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_____ Semester School Year _____

I. PERSONAL DATA

Name: _____
 (Please Print) LAST NAME FIRST NAME MIDDLENAME
 Date of Birth: _____ Place of Birth: _____
 Age: _____ Sex: _____ Civil Status: _____ Ordinal Position _____
 Religious Affiliation: _____ Citizenship: _____
 Home Address: _____ Phone No. _____
 Present/Boarding House Address: _____ Phone No. _____

Spouse _____ Occupation: _____
 Number of Children: _____ Other Sources of Income _____

II. FAMILY BACKGROUND

	FATHER	MOTHER
Name:		
Date of Birth:		
Permanent Address:		
Landline/ Cellphone No.		
Highest Educational Attainment		
Occupation:		
Business Address		
Annual Income		
Language Spoken		

Name of Sibling/s	Age	Civil Status	School/Place of Work

Parents are:
 Living together Separated Legally Separated Father is an OFW
 Mother with another partner Father with another partner Mother is an OFW

III. EDUCATIONAL BACKGROUND

Name of School	Location	Inclusive Date(s)	Honors/Awards
Elementary :			
High School:			
College:			
Vocational:			

IV. CAREER/INTEREST INFORMATION

Who finance your studies? _____ parents _____ relatives, pls. specify _____
 _____ self-supporting _____ employer _____ scholarship grant, pls. specify _____

V. SPECIAL SKILLS/TALENTS/HOBBIES: _____

I hereby certify that the information I have given are true and correct.

Signature over Printed Name