



GSIS SCHOLARSHIP PROGRAM (GSP) FOR AY 2017-2018
Application Period: 10 April to 9 June 2017

1. All active and regular GSIS members at the time of application with premium payments for the last six (6) months and are permanent employees in the government with at least three (3) years of service and with salary grade of 24 or below or its equivalent job level are eligible to apply.
Likewise, all Permanent Total Disability (PTD) pensioners who are below sixty (60) years of age may nominate their children for scholarship, with their last compensation to be used as basis for the selection process. From hereon, PTD pensioners shall also be referred to as "members".
2. The member is allowed to nominate one (1) scholar who meets the following qualifications:
 - a. Must be a child of a member, including the child/dependent of solo parent-member as defined under The Solo Parents' Welfare Act or the dependent of a childless married or single member; and
 - b. An incoming college freshman-dependent or a college student-dependent in any year level who is accepted in or taking up any 4- or 5-year course (Annex A) at schools identified by the Commission on Higher Education (CHED) in a Higher Education Institution (HEI) with its own charter or a school qualified by the CHED as Levels IV and III, Autonomous or Deregulated (Annex B).
3. Eligible members may secure an application and certification forms (see reverse portion) from any GSIS office or may download the same from the GSIS website (www.gsis.gov.ph).
4. For all applicants, please submit the following requirements to the nearest GSIS office for processing:
 - a. Duly accomplished forms
 - b. Dependent's Birth Certificate
5. For applicants with sectoral group affiliation, please submit the following additional requirements:
 - a. Endorsement from the head of agency/office attesting to the veracity of claim that you belong to the sector you have checked
 - b. Original/certified true copy of government-issued authentication, i.e. PWD ID from the local social welfare development office (LSWDO) or National Council on Disability Affairs; Certificate of Confirmation of Tribal Membership from National Commission on Indigenous Peoples; and SP ID from LSWDO.
6. Eligible GSIS members will be selected based on their annual basic salary and length of service.
7. The scholar shall be entitled to the following benefits during the 4- or 5-year course duration:
 - a. Actual cost of tuition and miscellaneous fees not to exceed P40,000.00 per academic year, regardless of the number of terms (not to include summer classes and provided that the course is finished within the regular duration prescribed by the school for that 4- or 5-year course); and
 - b. Monthly stipend of P3,000.00.
8. The scholarship grant is non-transferable.
9. Only those who complied with abovementioned requirements are qualified to apply.

GSIS SCHOLARSHIP PROGRAM AY 2017-2018 APPLICATION FORM

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INSTRUCTIONS: Please print and complete all entries in capital letters and check the appropriate box. Attach birth certificate and other required documents.

Name of Member-Applicant _____
(LAST) (FIRST) (MIDDLE)

Complete Home Address _____

GSIS BP No. _____ Date of Birth (mm/dd/yyyy) _____ Home Phone _____

Mobile No _____ Email Address _____

Civil Status Single Married Separated GSIS Status Active member PTD pensioner

Sectoral Group Affiliation (if applicable): Solo/Single parent(SP) Person with disability(PWD) Indigenous people (IP)

Agency Name _____ Agency Address _____

Type of Agency Nat'l Gov't LGU GFI GOCC Others, pls. specify _____

Office Phone No. _____ Position _____ Years in Gov't Service _____

Salary Grade (if based on job level, indicate equivalent salary grade) _____ Annual Basic Salary _____

Name of Spouse (if applicable) _____
(LAST) (FIRST) (MIDDLE)

Occupation _____ Agency/Address _____ Mobile No. _____

Name of Dependent _____
(LAST) (FIRST) (MIDDLE)

Relationship to the Member-Applicant _____ Gender _____ Course Title _____

Year Level this 1SemAY2017-2018 _____ Course Duration 4 yrs 5 yrs Others (indicate no. of years/months) _____

Month when semester would start: 1sem _____ 2sem _____

School Name _____ Complete School Address Accepted/Enrolled _____

Applicant's Signature over Printed Name

Date Accomplished