



**PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN  
(GOVERNMENT SERVICE INSURANCE SYSTEM)**

Financial Center, Roxas Boulevard, Pasay City 1308

**GSIS COPY**

**GSIS EDUCATIONAL SUBSIDY PROGRAM ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_ APPLICATION FORM**  
**Application Period: \_\_\_\_\_ - \_\_\_\_\_**

**INSTRUCTIONS: Please print and complete all entries in capital letters and check the appropriate box.**

- Refer to item # 4 at the back of this form for the submission of needed documents.

**GSIS BP No.:** \_\_\_\_\_ (10 digits only)

**Name of Member-Applicant :** \_\_\_\_\_  
MR./MS. (LAST) (FIRST) (MIDDLE)

**Date of Birth :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender :** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_  
MM DD YYYY

**Complete Home Address** \_\_\_\_\_  
(Unit / Building No. / Subdivision) Barangay  
(City / Municipality) Province Postal Code

**Mobile Number:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Complete Agency Name:** \_\_\_\_\_

**Type of Agency:** \_\_\_ NGA \_\_\_ LGU \_\_\_ GOCC \_\_\_ GFI \_\_\_ SUC Others (Please specify) \_\_\_\_\_

**Position:** \_\_\_\_\_ **Permanent Status:** \_\_\_ Yes \_\_\_ No

**Years in Government:** \_\_\_\_\_ **Salary Grade or Job Grade/Level:** \_\_\_\_\_ **Annual Basic Salary:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_  
(Unit / Building No. / Subdivision) Barangay  
(City / Municipality) Province

**Office Phone No.** \_\_\_\_\_ **Nearest GSIS Branch Office:** \_\_\_\_\_

**Spouse of Member-Applicant:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**\*\*\* FOR NOMINATED DEPENDENT INFORMATION \*\*\***

**Name of Nominated Dependent** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**Relationship to Member-Applicant:** \_\_\_\_\_

**Complete Name of School/University:** \_\_\_\_\_ **Year Level:** \_\_\_\_\_

**School Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Province** \_\_\_\_\_

**Dependent's Mobile Number:** \_\_\_\_\_ **Dependent's Email Address:** \_\_\_\_\_

**Complete Course Title:** \_\_\_\_\_  
(No abbreviation please)

**School Term:**  Semestral  Trimester  Quadterm

**Course Duration:**  4 years  5 years

**Expected Year of Graduation:** \_\_\_\_\_

I hereby certify that all the above information are true and correct and that I have no other child/dependent who is currently availing of the GSIS Scholarship Program. I understand that any misdeclaration shall result to my disqualification from the subsidy program.

\_\_\_\_\_  
 (SIGNATURE OVER PRINTED NAME OF MEMBER-APPLICANT)

\_\_\_\_\_  
 (DATE)

**OFFICE: \_\_\_\_\_**  
  
**DATE: \_\_\_\_\_**  
  
**RECEIVED BY: \_\_\_\_\_**



**GSIS EDUCATIONAL SUBSIDY PROGRAM ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_**

**Name of Member-Applicant:** \_\_\_\_\_

**Name of Child/Dependent:** \_\_\_\_\_

**R E C E I V E D**

DATE \_\_\_\_\_

BY : \_\_\_\_\_

OFFICE: \_\_\_\_\_

**GSIS EDUCATIONAL SUBSIDY PROGRAM (GESP) FOR ACADEMIC YEAR \_\_\_\_\_ - \_\_\_\_\_**

**Application Period: \_\_\_\_\_ - \_\_\_\_\_**

1. All GSIS members with **Permanent Status** at the time of application with salary grade of 24 or below or its equivalent job level are eligible to apply. Provided, that the member's GSIS accounts (premium and loan payment) are in good standing with updated payment and not declared in arrears on amortization for more than three (3) months.
2. The member is allowed to nominate one (1) nominee. Spouses who are both GSIS members are only allowed to jointly nominate one child/dependent. The nominee must meet the following qualifications:
  - a. Must be the child/dependent of a member, including the child of a solo parent-member as defined under The Solo Parents' Welfare Act;
  - b. The nominee must be a college student in any year level who is accepted in or taking up any 4-5 year course in any CHED registered SUC, LUC, or private colleges and universities.
  - c. If a continuing college student, the nominee must have a **General Weighted Average of 80%** (grade in the previous semester/term) with no failing grades and incomplete mark.
3. Eligible members may secure application and certification forms from any GSIS office or download the same from the GSIS website ([www.gsis.gov.ph](http://www.gsis.gov.ph)).
4. **For all applicants, please submit the following requirements at the nearest GSIS office or via dropbox located at the lobbies of GSIS Offices nationwide :**
  - a. Duly accomplished GSIS Educational Subsidy Program (GESP) Application Form with stated Business Partner (BP) Number (please coordinate with the GSIS frontline information officer for the BP Number);
  - b. Copy of Birth Certificate (issued by PSA or Municipality);
  - c. Certificate of Employment and/or Certified True Copy of Service Record duly signed by the member's Agency Authorized Officer;
  - d. Certificate of Registration from the school that the student is accepted or enrolled during the current Academic Year, and stating thereon the course, the duration of the course, and year level of the student; and
  - e. Copy of grades for the \_\_\_\_\_ (if semestral), \_\_\_\_\_ (if trimester) or \_\_\_\_\_ (if quad term) for AY \_\_\_\_\_ - \_\_\_\_\_ or copy of grades for the last term attended by the nominee or school certification stating that the general weighted average of the applicant's dependent is at least 80% with no failing grade and incomplete mark incurred in any subject within the preceding semester/term of the academic year.
5. Eligible GSIS members will be selected based on their annual basic salary and length of service.
6. The grantee shall be entitled to receive subsidy in the amount of Php10,000.00 per academic year.
7. The GESP grant is non-transferable.
8. Only those who complied with abovementioned requirements are qualified to apply.

We confirm that we have read and fully understood the terms of the **GSIS Educational Subsidy Program** and consent to the processing of our personal data for the said purpose.

We confirm our understanding of the Privacy Policy of the GSIS pursuant to the requirements of Republic Act (R.A.) No. 10173, otherwise known as the Data Privacy Act, and consent to the manner of collection, use, access, disclosure and processing of our personal and sensitive personal data by the GSIS.

\_\_\_\_\_  
**(Signature over printed name of Member-Applicant)**

\_\_\_\_\_  
**(Signature over printed name of Child/Dependent)**

**CONTACT US:**

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