

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*

**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

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(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):

	<u>Name of Scholars</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Name of Union Officers/Members

Address

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

(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:

**Names and Addresses of
Company where Union Operates**

- | | | |
|-----|-------|-------|
| 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:

<u>Name</u>	<u>Position</u>	<u>Term</u>	<u>Address</u>	<u>Educ'l.</u> <u>Attainment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use additional sheet if necessary)

Signature

(Printed Name)

(Position)

Date Accomplished: _____

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(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:

Inclusive Dates	Position	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? _____

WODP-Scholarship Grant Form No.2

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: _____