



Republic of the Philippines

DEPARTMENT OF SCIENCE AND TECHNOLOGY

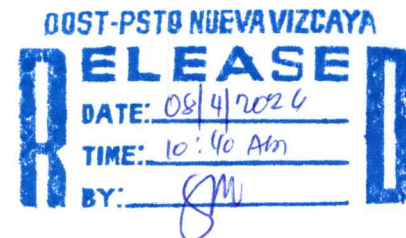
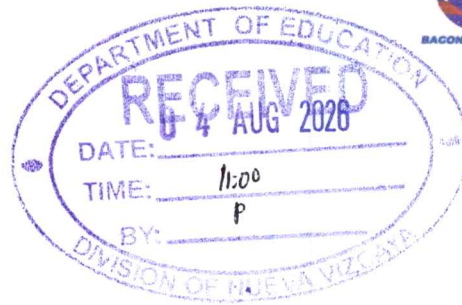
NUEVA VIZCAYA

OneDOST4U: Solutions and Opportunities for All



August 4, 2026

ORLANDO E. MANUEL, PhD, CESO V
Schools Division Superintendent
Department of Education
Division of Nueva Vizcaya
Bayombong Nueva Vizcaya



PSTONV2026- 095

Dear Sir;

The Department of Science and Technology Regional Office No. 02 (DOST-R02) in collaboration with the Science Education Institute (SEI) has announced the Opening of Application of the 2027 SEI Undergraduate Scholarship Program.

DOST S&T Undergraduate Scholarship Program aims to stimulate and entice talented Filipino Youth to pursue lifetime productive careers in science and technology and ensure a steady, adequate supply of qualified S&T human resources that ca steer the country towards national progress. The program is open to all STEM Grade 12 male and female students and non-STEM students who belongs in the top 5% of the graduating class in the SY 2026-2027.

Students who pass the examination may received the following benefits:

- **For Regular Academic Year:**
 - Tuition fee and Other School fees (for scholars enrolled in private HEIs (Php 40,000/AY)
 - Learning Materials and or Connectivity Allowance -Php 10,000.00/AY
 - Monthly Living Allowance – Php 8,000/month
 - Thesis Allowance – Php 10,000
 - Graduation Allowance – Php 1,000.00
 - Group Insurance and Death Insurance - Premium
 - Transportation Allowance - Actual
 - Clothing Allowance Php 1,000/1SY Sem of 1st Year Only
- **For Summer/ Midyear (if required in the Curriculum)**
 - Tuition fee and Other School fees (for scholars enrolled in private HEIs (P10,000)
 - Learning Materials and or Connectivity Allowance Php 2,000
 - Monthly Living Allowance – Php 8,000/month for 2 months
 - Group Insurance and Death Insurance Premium

MEMORANDUM		Date: <u>08/04/26</u>	Released/Records: <u>11:00 P</u>
To: ☒ PSDS/DICs	☒ Elem/Sec School Heads		
☐ Private Schools	☐ Others:		
For: ☒ Information	☒ Dissemination		
☒ Guidance	☐ Strict Compliance		
ORLANDO E. MANUEL PhD., CESO V Schools Division Superintendent Signature: <u>[Signature]</u>			
By: ☐ ASDS	☐ CID Chief	☐ SGOD Chief	☐ AO ☐ Atty.

SDS-Camm-0826-0402

Postal Address: DOST Bldg., NVSU Bayombong Compound, Bayombong, Nueva Vizcaya
Contact Number: 0961 776 2753
Facebook Account: dostnuevavizcaya.pstc
Website: <http://region2.dost.gov.ph> | Email: dostnuevavizcaya@subec.com.ph



CERTIFICATION
INTERNATIONAL
ISO 9001:2015



Republic of the Philippines

**DEPARTMENT OF SCIENCE AND TECHNOLOGY
NUEVA VIZCAYA**

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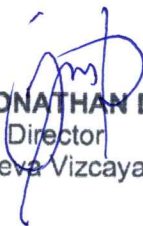


Given the above mention, may I request to support us in the dissemination of the information to your secondary schools in the Division of Nueva Vizcaya. The Application and Online registration period start on August 17, 2026 until September 17, 2026. Other eligibility requirements and application details visit: <https://science-scholarships.ph/> for the complete qualifications, application procedures and downloadable forms. Also may I request to allow us to conduct face-to face or Online Orientation in all Secondary High School in the province of Nueva Vizcaya.

For further inquiries and assistance, kindly contact Ms. Claren J. Balderas, Provincial Scholarship Staff at 0965-715-6730 or email address: clarinetjuan@gmail.com. Also attached herewith is a copy of the updated Application forms for reference.

Thank you for unwavering support in our efforts to empower the next generation of Filipino Scientist and Engineers.

Sincerely yours,


ENGR. JONATHAN D.R. NUESTRO
Provincial Director
PSTO Nueva Vizcaya





Republic of the Philippines
Department of Science and Technology
SCIENCE EDUCATION INSTITUTE

2027 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

FORM C – CERTIFICATE OF GOOD MORAL CHARACTER

TO WHOM IT MAY CONCERN:

This is to certify that _____
(Name of Applicant)

has consistently maintained good moral character, there having no disciplinary action taken against him/her as of the date of application.

Certified by (must be Principal or Guidance Counselor):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: Should the Applicant be considered a potential qualifier, failure to maintain good moral character before the scholarship is awarded may result in disqualification. DOST-SEI may require another Certification of Good Moral Character.

Failure to properly complete the form (including the applicant's name, and/or principal's or guidance counselor's name, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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FORM D – CERTIFICATION OF GOOD HEALTH

TO WHOM IT MAY CONCERN:

This is to certify that _____ is of good
(Name of Applicant)

health and is fit to study in college.

Certified by (must be Private/Barangay Health Center
Physician/Nurse/Midwife):

Full Name: _____

Designation: _____

Signature: _____

License No.: _____

Date Signed: _____

NOTE: Failure to properly complete the form (including the applicant's name, and/or health officer's name, designation, signature, license no. (if applicable), and date signed) will result in the disqualification of the application for the scholarship.



2027 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

FORM E1 – PRINCIPAL'S CERTIFICATION *(For Applicant from the STEM Strand)*

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a member of the **Grade 12**
(Name of Applicant)

graduating/graduated class under the **STEM Strand** of the _____
(Name of School)

_____ for SY _____
(School Address)

Certified by (must be Principal):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: Failure to properly complete the form (including the applicant's name, name of school, school address, school year, principal's name, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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FORM E2 – PRINCIPAL'S CERTIFICATION (For Applicant from the NON-STEM Strand)

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a member of the **Grade 12**
(Name of Applicant)

graduating/graduated class under the **NON-STEM Strand** of the _____
(Name of School)

_____ for SY _____ and is classified within the
(School Address)

upper five percent of _____ students of the Non-STEM graduating class.
(Total Number
of Non-STEM
Graduating Students)

Certified by (must be Principal):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: If applicant is an ongoing grade 12, please certify based
on Applicant's academic standing as of **Grade 11**
(i.e. Top 5% of his/her class)

Failure to properly complete the form (including the applicant's name, name of school and school address, school year, total number of non-STEM graduating students, principal's name, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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FORM E3 – PRINCIPAL'S CERTIFICATION *(For Applicant attending homeschool)*

TO WHOM IT MAY CONCERN:

This is to certify that _____ is attending a home school
(Name of Applicant)

administered by the _____
(Name of School)

_____ He/She is a graduating Grade 12
(School Address)

student in **SY 2026-2027** and belongs to the **upper five percent** of the graduating class.

Certified by (must be Principal):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: Failure to properly complete the form (including the applicant's name, name of school and school address, principal's name, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

FORM E4 – PRINCIPAL'S CERTIFICATION (For Applicant under ALS)

TO WHOM IT MAY CONCERN:

This is to certify that _____ has
(Name of Applicant)

completed/completing high school from _____
(Name of School)

_____ in SY _____ under the
(School Address)

Alternative Learning System (ALS) program.

Certified by (must be Principal):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: Failure to properly complete the form (including applicant's name, name of school, school address, school year, principal's name, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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FORM F – CERTIFICATE OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a **bonafide** resident
(Name of Applicant)

of _____ for ☐ less than 4 years.
(House No./Unit No./Lot/Block/Bldg., Compound/Street/Phase/Purok, Village/Subdivision, Barangay, City/Municipality, Province) ☐ 4 years or more.
(Check appropriate box)

Certified by (must be Barangay Official/Principal):

Full Name: _____

Designation: _____

Signature: _____

Date Signed: _____

NOTE: The declared address above must be the same as the permanent address that the applicant indicated in the E-Application system.

Failure to properly complete the form (including the applicant's name and address, box for years of residency, principal's/barangay official's names, designation, signature, and date signed) will result in the disqualification of the application for the scholarship.



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2027 DOST-SEI SCIENCE AND TECHNOLOGY
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FORM G – PARENT'S/SPOUSE'S CERTIFICATION

This is to certify that my son/daughter/spouse, _____,
(Name of Applicant)

has no pending application for immigration to the USA or any other country.

Certified by (must be Parent/Legal Guardian/Spouse):

Full Name: _____
Relationship _____
to Applicant: _____
Signature: _____
Date Signed: _____

NOTE: *If this form will be signed by a person identified as NOT the applicant's parent/spouse, the applicant must indicate a legal guardian in the E-Application System and must submit a notarized Affidavit of Guardianship bearing the name of the signatory as the applicant's legal guardian.*

Failure to properly complete the form (including the applicant's name, parent's/legal guardian's/spouse's name, relationship to applicant, signature, and date signed) will result in the disqualification of the application for the scholarship.



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**2027 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIP APPLICATION FORM**

FORM H – DOST-SEI SCHOLARSHIP EXAMINATION/AWARD

This is to certify that the undersigned has: *(check appropriate box)*

- ☐ NOT applied for a DOST-SEI scholarship before;
- ☐ Applied for a DOST-SEI scholarship before but did not qualify for the scholarship.
- ☐ Qualified for the DOST-SEI Undergraduate Scholarship but did not avail of the award.

Certified by (must be Applicant):

Full Name: _____

Signature: _____

Date Signed: _____

Noted by (must be Parent/Legal Guardian/Spouse):

Full Name: _____

Relationship to Applicant: _____

Signature: _____

Date Signed: _____

NOTE: If this form will be signed by a person identified as NOT the applicant's parent/spouse, the applicant must indicate a legal guardian in the E-Application System and must submit a notarized Affidavit of Guardianship bearing the name of the signatory as the applicant's legal guardian.

Failure to properly complete the form (including the appropriate box, applicant's and/or parent's/legal guardian's/spouse's name, relationship to applicant, signature, and date signed) will result in the disqualification of the application for the scholarship.



2027 DOST-SEI SCIENCE AND TECHNOLOGY
UNDERGRADUATE SCHOLARSHIP APPLICATION FORM

**FORM I – APPLICANT’S CERTIFICATION OF NO POST-SECONDARY UNITS
EARNED**

This is to certify that the undersigned has NOT earned any college or post-high school vocational units and will not earn the same in AY 2026-2027.

Certified by (must be Applicant):

Full Name: _____

Signature: _____

Date Signed: _____

Noted by (must be Parent/Legal Guardian/Spouse):

Full Name: _____

Relationship to Applicant: _____

Signature: _____

Date Signed: _____

NOTE: If this form will be signed by a person identified as NOT the applicant's parent/spouse, the applicant must indicate a legal guardian in the E-Application System and must submit a notarized Affidavit of Guardianship bearing the name of the signatory as the applicant's legal guardian.

Failure to properly complete the form (including the applicant's and/or parent's/legal guardian's/spouse's name, relationship to applicant, signature, and date signed) will result in the disqualification of the application for the scholarship.



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FORM J - SIGNED DECLARATION OF APPLICANT AND THE PARENT/LEGAL GUARDIAN/SPOUSE

We, the Applicant and my Parent/Legal Guardian/Spouse, hereby certify to the truthfulness and completeness of information provided. **Any misinformation, misrepresentation or withholding of information will automatically disqualify me/our son/daughter/my spouse from the Department of Science and Technology-Science Education Institute (DOST-SEI) Scholarship Program.** We are also willing to refund all the financial benefits received plus the appropriate interest if such misinformation is discovered after our child/my spouse accepted the award.

In connection with this application for scholarship, we hereby authorize the DOST-SEI designated representative to conduct a background check on our socio-economic status and to visit our family dwelling, if necessary.

Moreover, we hereby express our consent for the DOST-SEI to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase, or destroy our personal data as part of our information. We hereby affirm our right to be informed, to object to processing, to access and rectify, to suspend or withdraw our personal data, and to be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, the Data Privacy Act of 2012, and its corresponding Implementing Rules and Regulations.

Certified by (must be Applicant):

Full Name: _____

Signature: _____

Date Signed: _____

Certified by (must be Parent/Legal Guardian/Spouse):

Full Name: _____

Relationship
to Applicant: _____

Signature: _____

Date Signed: _____

NOTE: If this form will be signed by a person identified as NOT the applicant's parent/spouse, the applicant must indicate a legal guardian in the E-Application System and must submit a notarized Affidavit of Guardianship bearing the name of the signatory as the applicant's legal guardian.

Failure to properly complete the form (including the applicant's/parent's/legal guardian's/spouse's name, relationship to applicant, signature, and date signed) will result in the disqualification of the application for the scholarship.