

**ARMED FORCES OF THE PHILIPPINES EDUCATIONAL BENEFIT SYSTEM OFFICE (AFPEBSO)**

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APPLICATION FORM

*Read the instructions carefully. All blanks should be filled up. Please print or write legibly.***INSTRUCTIONS:**

1. Fill-up all applicable entries of this Application Form and place NA if not applicable.
2. Attach all supporting documents to the accomplished Application Form (**see back of this form**).
3. Submit to the Customer Service Staff in-charge of the area (Luzon, NCR, Visayas, Mindanao).

INFORMATION OF APPLICANT

1. AREA:		<input type="checkbox"/> Luzon	<input type="checkbox"/> NCR	<input type="checkbox"/> Visayas	<input type="checkbox"/> Mindanao
2. NAME OF APPLICANT:					
(Surname)		(First Name)		(Middle Name)	
3. RELATIONSHIP TO AFP / CAA MEMBER:					
4. CURRENT MAILING ADDRESS:					
City Address:					
Phone:					
Provincial Address:					
Phone:					
Cell phone:		Email address:			
5. DATE OF BIRTH:			6. PLACE OF BIRTH:		
7. SEX:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	8. CIVIL STATUS:	
9. RELIGION:					
10. SCHOOL INTENDED TO ENROLL IN:					
11. SCHOOL ADDRESS:					
12. EDUCATIONAL LEVEL:					
<input type="checkbox"/> ELEM		<input type="checkbox"/> HS	<input type="checkbox"/> College	<input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Tech/Voc
13. YEAR LEVEL:		14. COURSE:			
15. EDUCATIONAL BENEFIT PROGRAM APPLIED FOR:					

LATEST 2x2 PHOTO OF APPLICANT
(Make sure your full name is written on the back for identification should the photo become accidentally detached.)

INFORMATION OF AFP / CAA MEMBER

1. AFP / CAA MEMBER:					
(Surname)		(First Name)		(M.I.)	(Rank)
				(AFP SN)	(Branch of Service)
2. MILITARY STATUS:					
<input type="checkbox"/> KIA		<input type="checkbox"/> CDD (Combat)	<input type="checkbox"/> CDD (Non-Combat)	<input type="checkbox"/> Deceased LOD	<input type="checkbox"/> Active
3. DATE OF DEATH / CDD:					
4. PRESENT (for active) or LAST (for CDD) UNIT ASSIGNMENT:					
5. CURRENT MAILING ADDRESS:					
Phone:		Cell phone:		Email address:	
6. DATE OF BIRTH:			7. PLACE OF BIRTH:		
8. SEX:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	9. CIVIL STATUS:	
10. NR. OF DEPENDENTS:					
NAME OF LEGAL DEPENDENTS:		AGE:	YEAR LEVEL:	EDUCATIONAL PROGRAM AVAILED:	
1.					
2.					
3.					
4.					
5.					

INFORMATION OF APPLICANT'S GUARDIAN (if applicable)

1. NAME OF GUARDIAN:		
(Surname)		(First Name)
		(Middle Name)
2. RELATIONSHIP TO APPLICANT:		
3. CURRENT MAILING ADDRESS:		
City Address:		Phone:
Provincial Address:		Phone:
Email Address:		Cell Phone:

It is understood that the information supplied above are true and correct to the best of my knowledge. Any false entry herein shall be a ground for the disqualification and/or termination of the educational benefit grant.

SIGNATURE OF APPLICANT
(Over Printed Name)

SIGNATURE OF AFP/CAA MEMBER OR GUARDIAN
(Over Printed Name)

Received by AFPEBSO Personnel (Name & Signature):

Date Received:

LIST OF REQUIREMENTS FOR APPLICANTS OF AFP EDUCATIONAL BENEFITS

For Military Dependents (1st to 3rd Priorities)

Dependents - *Children, in the case of married military personnel;*
Siblings (both or sister), in the case of unmarried military personnel.

Basic Requirements:

Duly accomplished AFPEBSO Application Form
Two (2) copies of latest 2x2 picture of applicant
Certificate of Live Birth of Applicant issued by NSO or LCR
Marriage Contract of Applicant's parents issued by NSO or LCR
Notarized Declaration of Legal Beneficiaries by the AFP or CAA member
Latest Appointment Order (for CAFGU AA)
Latest Report Card/ Student Record
Form 137 – for elementary or high school students
Transcript of Records – for college students

Copy of highest Diploma (Elem or High School)
Certificate of Enrolment (Elem or High School)
Registration Card/Certificate (current College students)
College Admission/Placement Exam Result (for incoming 1st Year college)

Additional Requirements:

a. If parent is deceased (Killed in Action or died in Line of Duty):

Death Certificate (certified true copy or authenticated copy)
Casualty Report (certified true copy or authenticated copy)
Posthumous Separation Order (certified true copy or authenticated copy)

b. If parent is discharged with CDD

(with disability rating of 100% due to wounds or sickness acquired while in the service):

Separation Order (certified true copy or authenticated copy)
PVAO Certification of 100% CDD Rating
Spot Report/After Battle Report (for CDD, battle-related)

c. If parent is still on active duty:

DLO Clearance or Certificate of Non-pending case of parent
Enlisted Personnel - Latest Reenlistment Order (original/ certified true copy/ authenticated copy)
Officer (if Reserve) – Latest ETAD or SOT Order (certified true copy/ authenticated copy)

d. Other requirements (case-to-case basis):

Certification of Grades from the Registrar
Certification of Scholarship Expenses
Original Official Receipt for previous payment made by AFPEBSO
Statement of Account / Assessment of payment for school year or semester
Valid and confirmed LBP ATM Account
Signed Scholarship Certificate or Certificate of Undertaking or Scholarship Agreement
Investigation Report

For Active Military Personnel applying for educational benefit (4th & 5th Priorities)

Basic Requirements:

Duly accomplished Application Form
Two (2) copies of latest 2x2 picture of applicant
Latest Report Card/ Student Record
High School – Form 137
College Level – Transcript of Records

Copy of Highest Diploma (HS or College)
Registration Card/Certificate (current College students)
College Admission/Placement Exam Result (incoming 1st Year college)

Additional Requirements:

a. For Active military personnel (P1 or P2):

EP- Latest Reenlistment Order (original/certified true copy/authenticated)
Officer (if Reserve) – Latest ETAD or SOT Order (certified true copy/authenticated)
DLO Clearance or Certificate of Non-pending case
Clearances from TJAG, TIG and TPMG
Letter of Recommendation from Commanding Officer
Updated Summary of Information
Latest Officer Evaluation Report (Officers) or EP Evaluation Marks (for EP) with a minimum performance rating of Very Satisfactory for the last 3 Rating Periods

b. For Active military personnel with Disabilities:

All requirements of applicable to Active (P1 or P2); and
Certification of Physical Profile with sound neuro-psychological capacity to study issued by the AFP Medical Board
and with orders from The Adjutant General