

Mga Papeles na Kailangan sa Pag-aaply ng Educational Benefit

1. *Military Service Record* ng Beterano galing OTAG, AFP
2. *Marriage Contract* ng Beterano issued by NSO
3. *Death Certificate* ng Beterano issued by NSO
4. *Death Certificate* ng asawa ng Beterano kung patay na rin issued by NSO
5. *Waiver of Rights* ng mga anak ng Beterano na ibinigay nila ang kanilang karapatan sa paggamit ng *educational benefit* sa apo ng Beterano
6. *Birth Certificate* ng Anak ng Beterano na magulang ng batang gagamit ng *educational benefit* issued by NSO
7. *Marriage Certificate* ng Anak ng Beterano na magulang ng batang gagamit ng *educational benefit* issued by NSO
8. *Birth Certificate* ng batang gagamit ng *educational benefit* issued by NSO
9. Sagutin ng kumpleto ang *forms* na nakalakup sa *application* ng *educational benefit*
10. *School credentials* ng batang gagamit ng *educational benefit* gaya ng kanyang *transcript of records, etc.*
11. 2x2 picture ng batang gagamit at ng aplikante (Beterano o Asawa ng Beterano o Anak ng Beterano o *Guardian*)

PAUNAWA:

- Ang mga papeles na nasa bilang 3 at 5 ay Kailangan lang po kung ang Beterano o Asawa ng Beterano ay patay na.
- Ang mga papeles na inyong isusumite ay dapat mga “*Original o Certified true copies*”

DIREKSYON PARA SA PAG FILL-UP NG APPLICATION FORM

1. Ang aplikanteng (applicant) tinutukoy sa *Application form* ay ang Beterano kung buhay pa siya. Kung patay na, yung naiwang asawa. Kung parehong patay na, alin man sa mga anak o kaya ang tumatayong *guardian* ng batang gagamit ng benepisyo.
2. Ang kalingan lumagda o pumirma at mag-*thumbmark* sa *application form* ay yung aplikante mismo. Halimbawa, ang Beterano kung buhay pa, Asawa ng Beterano kung patay na ang Beterano, alin man sa isang anak kung parehong patay and Beterano at Asawa o kaya ang tumatayong *guardian* ng batang gagamit ng benepisyo.
3. Ang tinutukoy na “waivee” sa *Form 7-4* at *Form 7-3* ay ang batang gagamit ng benepisyo.

PAUNAWA:

Paki kumpleto po lamang ng lahat ng impormasyon na kinakailangan sa *application form* at *Form 7-3*.

APPLICATION REQUIREMENTS FOR EDUCATIONAL BENEFITS

1. Military Service Record of Veteran issued by the Office of the Adjutant General (OTAG), AFP/ Certification issued by PVAO or Military Service Board (MSB), if veteran is a "Deserving Guerrilla"
2. Certificate of Marriage of veteran issued by NSO
3. Death Certificate of veteran issued by NSO
4. Death Certificate of surviving spouse of veteran issued by NSO
5. Waiver of Rights of all the children of veteran in favour of the grandchild who will use the benefit.
6. Birth certificate of veteran's child issued by NSO
7. Marriage certificate of veteran's child issued by NSO
8. Birth certificate of the grandchild who will use the benefit issued by NSO
9. 1 copy of Course Curriculum
10. 1 copy of Registration Card or College Admission/ Placement Exam Result (for incoming college freshman)
11. 2x2 picture of applicant and beneficiary
12. Fingerprint Chart to be accomplished in our Field Service Extension Office (for students in the provinces)

Note:

- Requirements under "item 4 and 5" are only needed if both the veteran and his spouse are deceased.
- Accomplish the enclosed PVAO Form EB_WIS (Waivee Information Sheet) and the Conforme Letter
- Accomplish the attached affidavit (PVAO Form EB_AF) and have it notarized or administered by a person authorized to administer oath.
- Only application forms correctly filled out together with the complete supporting documents will be accepted for processing.

Claim No. _____
Date Filed: _____
Received By: _____

Waivee's 2x2 Picture



Republic of the Philippines
Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Veterans Compound
Camp General Emilio Aguinaldo, Quezon City

Claimant's 2x2
Picture

APPLICATION FOR EDUCATIONAL BENEFITS
Series of 2012
001 of 300

INSTRUCTIONS

1. This application must be accomplished in duplicate, properly signed and thumb marked on the space provided before two (2) witnesses and the administering officer.
2. Read and answer carefully all questions, no matter how identical they may appear to be. Type or print answer legibly.
3. Administering Officer refers to any person authorized by law to administer oath or affirmation.

		LAST NAME	FIRST NAME	MIDDLE NAME
1) NAME OF VETERAN _____				
2) SEX OF VETERAN ____ MALE ____ FEMALE	3) CIVIL STATUS OF VETERAN ____ MARRIED ____ WIDOW/WIDOWER	4) DATE OF BIRTH _____ PLACE OF BIRTH _____		5) IS VETERAN STILL LIVING ____ YES ____ NO IF DECEASED, DATE & PLACE OF DEATH _____

DATA OF MILITARY SERVICE OF VETERAN

6) MILITARY SERVICE RENDERED/CATEGORY
 ___ PHIL REVOLUTION ___ USAFFE ___ USAFFE/GRLA. ___ RECOGNIZED GRLA. ___ MPC
 ___ NCPG ___ PEFTOK ___ VIETNAM ___ HUKBALAHAP ___ DG/MSB

7) UNIT SERVED/JOINED _____

8) STATE NAME/S USED IN THE SERVICE _____
(IF ALIAS NAME AS WAS USED)

9) ASN _____ | 10) DATE OF DISCHARGE, REVERSION OR RETIREMENT _____

MARRIAGE/S CONTRACTED BY THE VETERAN

11) NAME OF SPOUSE	DATE AND PLACE OF MARRIAGE	CAUSE AND DATE TERMINATED
1		
2		
3		

CHILDREN OF VETERAN

12) NAME	DATE AND PLACE OF BIRTH	NAME OF PARENT (VETERAN'S SPOUSE)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

13) _____
 NAME OF CLAIMANT: _____
 DATE & PLACE OF BIRTH: _____
 RELATIONSHIP TO VETERAN: _____
 ADDRESS OF CLAIMANT: _____

INFORMATION ON THE PERSON / BENEFICIARY WHO WILL USE THE BENEFIT

14)	LAST NAME	FIRST NAME	MIDDLE NAME
NAME OF BENEFICIARY: _____			
DATE AND PLACE OF BIRTH: _____			
RELATIONSHIP TO VETERAN: _____			
PARENT OF THE CHILD (CHILD OF VETERAN): _____			
IF BENEFICIARY IS A GRANDCHILD OF VETERAN			

15) EDUCATION	NAME OF SCHOOL UNIVERSITY / COLLEGE	DATE ATTENDED FROM	DESCRIPTION OF COURSES / HONORS RECEIVED
ELEMENTARY			
SECONDARY			
VOCATIONAL			COURSE: _____
COLLEGE			YEAR/SEM: _____

OTHER CLAIMS FILED WITH PHILIPPINE VETERANS AFFAIRS OFFICE

16) NATURE OF CLAIM	CLAIM NUMBERS
<input type="checkbox"/> OLD AGE PENSION <input type="checkbox"/> BURIAL ASSISTANCE <input type="checkbox"/> DEATH PENSION <input type="checkbox"/> DISABILITY PENSION <input type="checkbox"/> VETERAN PREFERENCE <input type="checkbox"/> BACKPAY RA 304 / 897	_____ _____ _____ _____ _____

CERTIFICATION

I, _____, HEREBY CERTIFY that I have read all the above questions carefully, that the answers to all the questions as well as the documents and other material that I have attached to this application are true and correct; that no educational or similar benefit has ever been filed / enjoyed by the veteran or any of his dependents / waivees under Philippine Law nor under United States Law; and that I am fully aware of the penalty provided for under Section 24, Republic Act 6948, for making false statement or committing fraud in connection with this application.

IN WITNESS WHEREOF, I have hereunto affixed my signature and thumbmarks this day _____ day of _____ 20_____.

Thumbmarks

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LEFT RIGHT

Signature of Applicant

Community Tax Cert. / Ident.t No. _____

Issued at _____

On _____

WITNESSES:

1) _____ 2) _____

Republic of the Philippines)
 _____) S.S
 _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____. Affiant exhibited to me Community Tax Certificate # / Identification No. indicated below his / her signature.

ADMINISTERING OFFICER

Republic of the Philippines
Department of National Defense
PHILIPPINE VETERANS AFFAIRS OFFICE
Veterans Compound
Camp General Emilio Aguinaldo, Quezon City

Date: _____

Veteran: _____

WAIVEE'S INFORMATION SHEET

Name of Waivee: _____
(Last Name) (First Name) (Middle Name)

City Address: _____

Provincial Address: _____

Date of Birth: _____ Place of Birth: _____

Highest Education Attainment: _____ Year _____ Sem/Tri/Qtr/Sum
Course: _____ School _____

Relationship to Veteran: _____

Upon approval, please state WHERE and WHEN the benefit will be used:

School _____ Address _____

Course _____ Period _____ Sem/Tri/Qtr/Sum

DID CLAIMANT FILE ANOTHER APPLICATION FOR EDUCATIONAL OR SIMILAR BENEFIT WITH THIS OFFICE OR WITH THE UNITED STATES LAW OTHER THAN THE ONE BEING APPLIED? _____
IF SO, PLEASE STATE CLAIM NO. _____ DATE FILED _____.

Waivee's Thumb marks

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Left Right

Please use stamping pad ink
to produce clear prints.

(Signature of Waivee)

CERTIFICATION

I HEREBY CERTIFY THAT ABOVE INFORMATION, SIGNATURE AND THUMBMARKS OF THE ABOVE-NAMED WAIVEE ARE TRUE AND CORRECT.

Vet/Widow/Gdn/Child of Vet

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Left Right

(Signature of Vet/Widow/Gdn/Child of Vet)

NOTE: This form must be submitted to the Educational Benefits and Hospitalization Management Section upon proper accomplishment.

REPUBLIC OF THE PHILIPPINES)
 _____) S.S
 _____)

AFFIDAVIT

I, _____, Filipino, of legal age, single/married/widow and with postal address at _____ after having been duly sworn to in accordance with law hereby depose and say:

That as a veteran/widow/child of deceased veteran/guardian of deceased veteran's descendant, no educational or similar benefit has ever been filed in the name veteran or ant veteran's direct descendants under Republic Act No. 65, as amended by Republic Act No. 7696;

That I vouchsafe to the truth that the veteran, his widow, or any of the veteran's direct descendant HAS NOT YET ENJOYED Educational Benefit under PHILIPPINE LAW nor under the UNITED STATES LAW;

That I hereby execute this affidavit, duly aware of the provision of Section 24, of Republic Act No. 6948, to wit;

Sec. 24 – Fraudulent Claims – “When fraud is shown to have been committed by or with the knowledge of an applicant for any of the benefits granted under this Act, the application shall be disapproved or if the application is already approved, such approval and the award of benefits shall be voided as of the date of its effectivity and all other benefits under this Act which are due or to become due to the applicant shall be forfeited without prejudice to the filing of the necessary court action for the fraud committed. Provided however, that the party or parties to the fraud, upon conviction, shall be punished by a fine of not more than Two Thousand Pesos (Php2, 000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment, at the discretion of the court in addition to the refund of such amount to the Philippine Veterans Affairs Office has paid in monthly pension or otherwise disbursed in connection with the fraudulent claim.”

IN WITNESS THEREOF, I hereunto affix my signature this _____ day of _____, _____ at _____
 (month) (year)

 (AFFIANT)
 (Vet/Widow/Grdn/Child of Veteran)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____ at _____, _____
 (year) (month)

affiant having exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

 Administering Officer