

4. Learner/Trainee/Student (Clients) Classification:		
<input type="checkbox"/> 4Ps Beneficiary	<input type="checkbox"/> Agrarian Reform Beneficiary	<input type="checkbox"/> Balik Probinsya
<input type="checkbox"/> Displaced Workers	<input type="checkbox"/> Drug Dependents Surrenderees/Surrenderers	<input type="checkbox"/> Family Members of AFP and PNP Killed-in-Action
<input type="checkbox"/> Family Members of AFP and PNP Wounded in-Action	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Indigenous People & Cultural Communities
<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Inmates and Detainees	<input type="checkbox"/> MILF Beneficiary
<input type="checkbox"/> Out-of-School-Youth	<input type="checkbox"/> Overseas Filipino Workers (OFW) Dependents	<input type="checkbox"/> RCEF-RESP
<input type="checkbox"/> Rebel Returnees/Decommissioned Combatants	<input type="checkbox"/> Returning/Repatriated Overseas Filipino Workers (OFW)	<input type="checkbox"/> Student
<input type="checkbox"/> TESDA Alumni	<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Uniformed Personnel
<input type="checkbox"/> Victim of Natural Disasters and Calamities	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel	<input type="checkbox"/> Others: _____ (Please Specify)
5. Type of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel		
<input type="checkbox"/> Mental/Intellectual	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disabilities, specify
<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Disability Due to Chronic Illness	<input type="checkbox"/> Learning Disability
6. Causes of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel		
<input type="checkbox"/> Congenital/Inborn	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
7. Name of Course/Qualification		
8. If Scholar, What Type of Scholarship Package (TWSP, PESFA, STEP, others)?		
9. Privacy Disclaimer		
<p><i>I hereby allow TESDA to use/post my contact details, name, email, cellphone/landline nos. and other information I provided which may be used for processing of my scholarship application, for employment opportunities and for the survey of TESDA programs.</i></p> <p style="text-align: center;"><input type="checkbox"/> Agree <input type="checkbox"/> Disagree</p>		
10. Applicant's Signature		
<p><i>This is to certify that the information stated above is true and correct.</i></p>		
<p>_____ APPLICANT'S SIGNATURE OVER PRINTED NAME</p>	<p>_____ DATE ACCOMPLISHED</p>	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> 1x1 picture taken within the last 6 months </div>
<p>Noted by:</p> <p>_____ REGISTRAR/SCHOOL ADMINISTRATOR (Signature Over Printed Name)</p>	<p>_____ DATE RECEIVED</p>	<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"> </div> <p>Right Thumbmark</p>