



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 Educational Attainment _____ Year _____ Sem/Tri/Qtr/Sem
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 Thumbmarks

Left Right

Please use stamping pad ink to produce clear prints.

(Signature of Waivee)

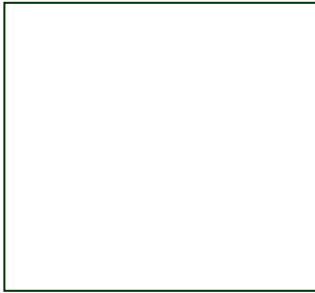
CERTIFICATION

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

Vet/Widow/Gdn/Child of Vet

Left Right

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



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APPLICATION FOR EDUCATIONAL BENEFIT

INSTRUCTIONS

1. This application must be accomplished in duplicate, properly signed and thumbmarked on the space provided before two (2) witnesses and administering officer.
2. Read and answer carefully all questions, however identical they may appear to be. Type or print answer in ink.
3. Only applications duly sealed and issued by the Philippine Veterans Affairs Office will be accepted.
4. 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____ <small>IF DECEASED DATE & PLACE OF DEATH</small>
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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 NAMES USED IN THE SERVICE _____
 (IF ALIAS NAME 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 & DATE TERMINATED
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CHILDREN OF VETERAN

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

14) _____	LAST NAME	FIRST NAME	MIDDLE NAME
NAME OF CLAIMANT: _____			
DATE & PLACE OF BIRTH: _____			
RELATIONSHIP TO VETERAN: _____			

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 by the veteran himself or any of his dependents under Republic Act. No. 65 or as amended;

That I vouch to the truth that the veteran, his widow, child, grandchild HAS NOT YET ENJOYED Educational Benefit under PHILIPPINE LAW not under the UNITED STATES LAW;

That I hereby execute this affidavit, duly aware of the provision of Section 24 of Republic Act 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 the benefits shall be voided as of the date of its affectivity 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 (P2, 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 WHEREOF, I hereunto affix my signature this _____ day of _____ 20__ at _____

(AFFIANT)
(Veteran/ Widow/Guardian/Child of Veteran)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200____ at _____, affiant having exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____.

Administering Officer

INFORMATION ON THE PERSON / BENEFICIARY WHO WILL USE THE BENEFIT

15) LAST NAME FIRST NAME MIDDLE NAME			
NAME OF BENEFICIARY _____			
DATE & PLACE OF BIRTH _____			
RELATIONSHIP TO VETERAN _____			
PARENT OF THE CHILD (CHILD OF VETERAN) _____			
IF BENEFICIARY IS A GRANDCHILD OF VETERAN _____			
16) EDUCATION	NAME OF SCHOOL UNIVERSITY/COLLEGE	DATE ATTENDED FROM TO	DESCRIPTION OF COURSES/ HONORS RECEIVED
ELEMENTARY SECONDARY VOCATIONAL COLLEGE	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____ COURSE _____ YEAR/SEM _____
OTHER CLAIMS FILED WITH PHILIPPINE VETERANS AFFAIRS OFFICE			
17) 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"/> BACK PAY 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 & thumb marks this _____ day of _____ 20_____.

Thumb marks

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LEFT

RIGHT

Signature of Applicant

Community Tax Cert. No. _____

Issued at _____

Issued on _____

WITNESSES:

1). _____ 2). _____

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

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

Administering Officer