

**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:			
Provincial Address:			
Phone:			
Cell phone:		Email address:	
5. DATE OF BIRTH:		6. PLACE OF BIRTH:	
7. SEX:	8. CIVIL STATUS:		9. RELIGION:
10. SCHOOL INTENDED TO ENROLL IN:			
11. SCHOOL ADDRESS:			
12. EDUCATIONAL LEVEL:			
13. YEAR LEVEL:		14. COURSE:	

**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:						
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:		DATE OF BIRTH	YR 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:		
Provincial Address:		
Email Address:	Cell Phone:	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 <i>(Over Printed Name)</i>	SIGNATURE OF AFP/CAA MEMBER OR GUARDIAN <i>(Over Printed Name)</i>
Received by AFPEBSO Personnel (Name & Signature):	
Date Received:	

## LIST OF REQUIREMENTS FOR APPLICANTS OF AFP EDUCATIONAL BENEFITS

### For Military Dependents (1<sup>st</sup> to 3<sup>rd</sup> Priorities)

*Dependents - Children, in the case of married military personnel;  
Siblings (brother 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  
Latest Appointment Order (for CAFGU AA)  
Latest Grades/Report Card  
Certificate of Enrolment (Elem or High School)  
Registration Card/Certificate (current College students)  
College Admission/Placement Exam Result (for incoming 1<sup>st</sup> Year college)

#### Additional Requirements:

- a. If parent is deceased (Killed in Action or died in Line of Duty):  
Casualty Report (certified true copy or authenticated copy)  
Posthumous Separation Order (certified true copy or authenticated copy)  
Declaration of Legal Beneficiaries  
Spot Report for KIA
- b. If parent is discharged with CDD  
Separation Order (certified true copy or authenticated copy)  
CDD Worksheet  
Beneficiaries on File  
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  
Certification of Legal Beneficiaries  
Enlisted Personnel - Latest Reenlistment Order (original/ certified true copy/ authenticated copy)  
Regular – Appointment Order  
Reserve – SOT/ETAD Order  
Summary of Information

### For Active Military Personnel applying for educational benefit (4<sup>th</sup> & 5<sup>th</sup> Priorities)

#### Basic Requirements:

Duly accomplished Application Form  
Two (2) copies of latest 2x2 picture of applicant

#### 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
- 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



*"Leaving No Soldiers'  
Orphan Behind"*


<http://ebso.afp.mil.ph>


## Armed Forces of the Philippines Educational Benefit System Office

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