

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

APPLICATION KIT (updated OCT 31 2020)

Thank you for your interest in applying for a scholarship grant, a needs-based subsidy awarded to a student selected by BrainRx Philippines. We consider the family's financial situation and the student's learning needs in our selection process. This kit contains all instructions on how to apply. After thorough reading, should you have questions, you may email: scholarship.brainrxph@gmail.com.

We will treat the information you provide following the Data Privacy Form and Photo/Video Permission.

STEP 1: Complete this 10-Document Checklist.

- 1—Student & Family Questionnaire
- 2—School Questionnaire (filled out by student's teacher) — download from website
- 3—Character & Credit References
- 4—Data Privacy Consent
- 5—Photo / Video Permission
- 6—Student Video (1-minute) answering our questions
- 7—Parent/s Video (1-minute) answering our questions
- 8—Photo of student's birth certificate
- 9—Photo of student's school report cards (current and previous school year)
- 10—Photo of Meralco bill (current and previous month)

STEP 2: Assemble documents into shared folder

- Save a copy of all 10 document files in ONE (1) folder in Google Drive OR Dropbox.
- Label FOLDER with STUDENT'S last name then first name. Example: Reyes, Nathan
- Label EACH FILE with the document name PLUS Student's Name. Example: Student & Family Questionnaire - Reyes, Juan
- Check that files are complete, final, working and labeled properly
- Maintain a copy of these documents in your own records as backup

STEP 3: Submit application requirements (online only)

- Go to our scholarship page (www.brainrxph.com/scholarship-grant) and click the "APPLY NOW" orange button at the bottom.
- Fill out online Application Form.
- Copy the link of your shared folder onto the space provided in the Application Form.
- After you click 'submit', you should receive an email acknowledging that the form was sent in.

FOR SHORTLISTED APPLICANTS (contacted via email)

- If you receive an email from us notifying you made it to the shortlist, contact us soonest to schedule your assessment. Assessment is part of the scholarship screening process.
- Schedule a consultation over Zoom with us to discuss results.

FOR SELECTED SCHOLAR (contacted via email)

- If you receive an email notifying you as the selected scholar, contact us soonest to finalize your training schedule.
- Sign contract
- Attend the parent & student orientation in November (date to be announced)

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

1 – Student & Family Questionnaire (page 1)

Student: _____
Last First Middle

By checking each box below, I confirm that my child (student named above) meets each criteria:

- At least 9 years old and not over 16 years old
- Has Filipino citizenship
- Studying in a Metro Manila private educational institution (grade school or high school)
- With generally good attitude
- With learning needs/challenges identified by parent, school or specialist
- Able to commit 1 hour daily for BrainRx sessions over Zoom from Tuesday to Saturday for 4 to 7 months following center's availability
- Has access to a well-functioning computer desktop or laptop with mouse, headset, camera
- Has stable internet connection
- Has a quiet, private work space that he/she can use when having BrainRx training

By checking each box below, I confirm that I meet each criteria below:

- I am supportive of my child's development
- I am able to provide the names of 2 non-relatives who can vouch for my character
- I am able to provide the name of 1 non-relative who can vouch for my credit / financial health
- If needed, I agree to be interviewed via telephone / Zoom as part of the screening process
- Should my child be selected, I am able to forward post-dated cheques as payment for the discounted program fee amounting to anywhere from PHP 6,000 to PHP 9,000 per month for 6 to 9 months (amount varies per month)
- If my child is shortlisted for the scholarship grant, I am able to pay the subsidized testing and assessment fee of PHP1,800

**** Continue with application if you meet all above criteria (all boxes checked) ****

Student's Date of Birth: _____ Gender: _____ Age: _____

Current school: _____ Grade level: _____

School address: _____

Home address: _____ Postal code: _____

No. of siblings living in the same household: _____ older than Student _____ younger than Student

Fill in the following information:

	Father	Mother	Guardian (in lieu of parents)
Name			
Contact #			
Email			
Occupation			

Who will be the primary contact person (someone who knows the child best in terms of school, health, schedules): _____ mother _____ father _____ guardian / relation to child: _____

Person responsible for fee payment: _____ mother _____ father _____ other: _____

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

1 – Student & Family Questionnaire (page 2)

Student: _____
Last
First
Middle

What are your current major concerns on this child when it comes to his learning / ability to learn?

If there is a learning condition / diagnosis used to describe this child, please mention here:

Diagnosis / Condition	Diagnosed/ Mentioned by	When was this?	Still currently applicable?

What interventions has student received in the last 3 years? Check all applicable.

Tick	Interventions taken	When was this? (from / to)	What was the intervention's primary goal for your child?
_____	none		
_____	occupational therapy		
_____	speech therapy		
_____	math		
_____	reading		
_____	tutoring		
_____	shadow teacher in class		

Who is the best professional / resource person/s for us to contact if we need to learn more about your child? (ex. devped, class teacher, shadow teacher, etc.) Limit to 2.

Name	Relation to Student	Email address	Contact Number

Signed: _____ Name: _____ Date Signed: _____

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM
3 – Character & Bank/Credit References

Student: _____
Last *First* *Middle*

To Parent / Legal Guardian: Please provide us with your character and bank/credit references.

Character Reference – Provide two (2) non-family contacts

	Character Reference 1	Character Reference 2
Name		
Contact #		
Email		
Relation to you		
How long have you known each other?		

Bank/Credit Reference – Provide one (1) non-family contact

	Bank/Credit Reference
Name	
Contact #	
Email	
How long have you known each other?	
How do you know each other?	
Company	
Position	

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

4—Data Privacy Consent

Student: _____
Last *First* *Middle*

I certify that all information I provide in the BrainRx Philippines Scholarship application kit and the documents I submit in connection with said application for my child and above-named Student are true and correct.

I allow BrainRx Learning Plus, Inc. (“BrainRx Philippines”) lawful use of my and my family members’ personal information which may include Student’s name, photo, school name, age, year level in his school, names of parents/legal guardians, assessment results and training progress without need to obtain my consent for every use. Such lawful use pertains to processing my scholarship application, monitoring Student’s progress during his training, reviewing his/her performance within the BrainRx team, his/her teacher, school representative, learning specialist, medical professional and scholarship subsidy grantor/s.

I expressly authorize BrainRx Philippines to:

1. process the information I provide in my scholarship application form and attached documents including those sensitive in nature to verify identities, process my application, and prevent fraud;
2. obtain relevant information pertaining to my child’s learning and performance directly from his teacher, school representative, learning specialist and/or medical professional to verify or clarify information contained in the application;
3. should Student be enrolled in the BrainRx program — to directly exchange relevant information pertaining to my child’s learning and performance with his teacher, school representative, learning specialist and/or medical professional for the purpose of understanding his needs and progress from pre-training preparation, during student’s training and in post-training reviews;
4. to provide information required by scholarship subsidy grantors, if asked, to enable them to determine scholarship suitability

I understand that the personal data collected from me and my family members will be retained and stored only for as long as necessary to accomplish the above mentioned purposes, and will be disposed of in any manner deemed appropriate by BrainRx Philippines.

I agree that the information provided may be recorded, organized, stored, used, consolidated, updated, modified, blocked, erased, deleted, shared, analyzed, and operated upon in any manner whatsoever, in furtherance of the above-mentioned purposes.

I understand that my family members and I have the rights of data subjects under the Data Privacy Act of 2012, which include the right to access and correction, and the right to object.

By signing below, I have read this form, understood the stated contents and consent to the processing of my personal data accordingly.

Signature over printed name of parent/guardian Date

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

5—Photo / Video Permission Release

Student: _____
Last *First* *Middle*

I acknowledge that BrainRx Learning Plus, Inc. (BrainRx Philippines) may take photos and/or videos of my child and above-named Student to recognize his/her achievement, for internal documentation, to improve service, and/or for training or marketing purposes, and that BrainRx Philippines will exercise sensitivity when using such photos/videos.

I understand that BrainRx Philippines' team members are not permitted to take photos/videos of the students for their personal use or post their names in unofficial media (i.e. talking about them in their personal blogs and social networking sites).

I expressly allow BrainRx Philippines the right to publish photos/videos and comments/statements of Student and/or of myself as his/her Parent or Guardian. In doing so, I hereby:

1. grant BrainRx permission to publish in print, electronic, photo or video formats, my and/or Student's photo, video clip, audio, other recordings, statements/comments or facsimiles related to BrainRx that BrainRx Philippines may take, create, have in their possession or obtain from myself or Student;
2. agree to hold harmless BrainRx Philippines, its entities, officers, owners, shareholders, employees and team members, and release all claims, damages, or liability arising from or related to its use or reuse, including but not limited to, alteration, copyright ownership and publication including any claim for compensation related to use of the materials;
3. acknowledge that BrainRx Philippines reserves the right and sole discretion to edit the images/recordings including those I submit;
4. waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future;
5. grant permission for BrainRx Philippines to use this content for as long as they deem necessary;
6. acknowledge that BrainRx Philippines may choose to use the photo/video at a time or date of its own discretion.

By signing below, I have read this form, understood the stated contents and consent to the use of any photo/video taken of Student or of my family or that I submit in connection with Student's enrollment in BrainRx accordingly.

Signature over printed name of parent/guardian Date

BRAINRX PHILIPPINES SCHOLARSHIP PROGRAM

Instructions for Requirements 6 to 10

6—Student Video (1-minute)

We'd like to get to know the student applicant. Record a video of your child introducing himself/herself and answering these 3 questions in English or Filipino. No need for fancy video editing, just a straightforward recording will do. There's no right or wrong answer. Please limit to 1 minute.

Please read this to your Student: Hello! We're from BrainRx Philippines and we just want to get to know you better. Please answer the following questions while your mom, dad or guardian record you on camera. Remember that there's no right or wrong answer so just be yourself!

- What's your name and age?
- Do you enjoy studying and learning? Why or why not?
- Do you enjoy school? Why or why not?
- For you, what are the 2 hardest things about learning / school? What or why do you find them hard?
- Is there anything you want to improve in? This can be about school, hobbies, with friends, etc.

Follow this example when labelling the file: *"Student Video - Reyes, Nathan"*

7—Parent Video (1-minute)

We'd also like to get to know the parents. Thank you for introducing yourselves and taking this first step towards stronger brains! Please record a video of you (with or without your spouse) answering these 3 questions. No need for fancy video editing, just a straightforward recording will do. There's no right or wrong answer. Please limit to 1 minute.

- What's your name? Who do you want the scholarship for? What's his/her relation to you and hold is he/she?
- Describe your family, and yourself.
- Why do you want this child to do BrainRx?
- What are your goals / hopes and dreams for this child?

Follow this example when labelling the file: *"Parent Video - Reyes, Nathan"*

8—Photo of student's birth certificate

9—Photo of report cards (current and previous school year)

10—Photo of Meralco bill (current and previous month)

Take photos of each of these 3 documents, and save under separate files. Gather the report cards under 1 file, the Meralco bills under 1 file.

Use following example on how to label each file:

Birth certificate - Reyes, Nathan

Report card - Reyes, Nathan

Meralco bill - Reyes, Nathan