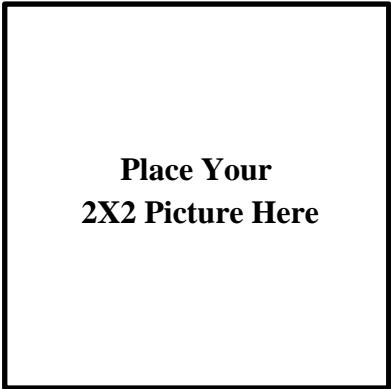


Enclosure No. 1: Election Application Forms (EAF) of Student Organization

ELECTION APPLICATION FORM (EAF) OF STUDENT ORGANIZATION

The Student Organization lives in the ideals, principles, and practices of participatory democracy. It represents the organization and ready to steer the student body towards the fulfilment of its goal by promoting its rights and welfare. As a student leader, this Certificate of Candidacy is a statement of your purest Intention and understanding in a position you are applying for.



I. PERSONAL DETAILS

Student’s Name: \_\_\_\_\_  
(Surname, Given Name, Middle Name, & Extension Name e.g., Jr., I, II,...)

Current Grade Level: \_\_\_\_\_

Desired Position: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Landline: \_\_\_\_\_

Home Address: \_\_\_\_\_

II. Student’s Status

1. Has good Academic standing and has no failing grades in all subject areas?			YES		NO
Attested by:					
	Class Adviser Name and Signature	Date			
2. Is of Good Moral Character			YES		NO
Attested by:					
	EsP/Guidance Coordinator Name & Signature	Date			

III. Parental Consent

I, \_\_\_\_\_ as a parent/ guardian will support my son/daughter to the best of my ability as he/she commits to the Student Organization.

I am allowing him/her to participate in the programs, projects, and activities of the Student Organization.

I agree and understand the commitment of my son/daughter and will support his/her endeavor to the Student Organization.

\_\_\_\_\_  
Name and Signature of the Parent/Guardian

\_\_\_\_\_  
Contact Number

I am filing this Election Application Form of Student Organization for school year 2022-2023.

I hereby certify that the facts stated herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Candidate over Printed Name

IV. Leadership Capsule

**Direction:** Write your answer at the back of this form by answering the guide question. “What are your qualities that you believe can make a great leader?”

Verified by:

Approved by:

\_\_\_\_\_  
Screening and Validation Commissioner  
Date: \_\_\_\_\_

\_\_\_\_\_  
Youth COMEA Chief/Commissioner  
Date: \_\_\_\_\_