

BANGSAMORO MEDICAL SCHOLARSHIP PROGRAM

The program offers medical scholarship to deserving and qualified students who are committed to serve the unserved, underserved, economically underdeveloped, and geographically isolated and disadvantaged areas in BARMM.

COURSES OFFERED

- 10 Doctor of Medicine
- 50 Bachelor of Science in Midwifery
- 10 Bachelor of Science in Pharmacy
- 10 Bachelor of Science in Nutrition and Dietetics
- 10 Bachelor of Science in Respiratory Therapy
- 10 Bachelor of Science in Physical Therapy



INQUIRE NOW!

moh.bmsp@yahoo.com

Scholarship Office of the Ministry of Health - BARMM, Bangsamoro Government Center, Cotabato City

REQUIREMENTS

1. Duly accomplished MOH Scholarship Program Application Form (1 Original Signed Copy)
2. Photocopies of the following (1 copy)
 - a. Birth Certificate
 - b. Barangay Certificate (Proof of Residency)
 - c. Certification from school and/ or barangay (Good Moral Character)
 - d. BIR Annual Filing of Tax of both parents/guardians or BIR Tax Exemption Certificate
 - e. Report Card/ Transcript of Record (TOR) with Certificate of GWA/GPA
 - f. Affidavit of NO Existing Scholarship grant
 - g. Letter of Acceptance from the school/ Notice of Admission
 - h. Certificate of Indigency, if applicable
 - i. NMAT (for Doctor of Medicine student applicants)
 - j. Others, if applicable: MILF/MNLF Member Certificate/ ID (duly certified by Peace, Security and Reconciliation Office) and BHW ID of parents/legal guardians

QUALIFICATIONS

Minimum qualifications for general application in Bangsamoro Medical Scholarship Program are as follows:

1. Must be a resident of Bangsamoro Autonomous Region in Muslim Mindanao (BARMM)
2. Must be of good moral standing
3. Must be physically and mentally fit
4. Must pass admission standards and policies of the partner school
5. General Weighted Average of at least 87%, no grade below 80 in every subject.
6. For Doctor of Medicine, NMAT score of at least 50%
7. Must be from financially incapable or incapacitated families
8. Must sign Contract Agreement for Return Service Obligation determined by the MOH - BARMM
9. Must not be recipient of any other scholarship grant

PROCESS

1. Student applicants shall apply and undergo initial screening to the partner school, preferably near the province of residence.
2. Student applicant shall secure copy of Letter of Acceptance or Notice of Admission from the school as proof of acceptance from initial screening and submit other requirements to MOH BARMM. Deadline of submission is on APRIL 30, 2026 (5:00PM)
3. The partner school shall endorse the list of scholarship applicants with recommendation to MOH BARMM.
4. The MOH Scholarship Program shall conduct second screening based on the BMSP selection criteria and priorities (student applicants shall be notified for the schedule of interview by the MOH Scholarship Team).
5. The MOH Scholarship Program shall endorse the list of accepted scholars to concerned partner schools.
6. The BMSP Coordinator shall notify the student applicants regarding the status of their scholarship application. All accepted scholars shall be admitted to partner schools accordingly.
7. Service Contract and Commitment to Render Service Obligation shall be executed among the accepted scholars, partner schools and MOH BARMM.



MINISTRY OF HEALTH - BARMM

BANGSAMORO MEDICAL SCHOLARSHIP PROGRAM

"Investing in care, harvesting potentials: scholarships paving the path for Bangsamoro medical professionals"



LIST OF PARTNER SCHOOLS

Doctor of Medicine

- Western Mindanao State University, Zamboanga City
- University of Southern Mindanao, Kabacan, North Cotabato
- Mindanao State University, General Santos City
- Ateneo de Zamboanga University, Zamboanga City
- Brokenshire College, Inc., Davao City
- Davao Medical School Foundation, Inc., Davao City

Bachelor of Science in Midwifery

- Juan S. Alano Memorial School, Inc., Province of Basilan
- Notre Dame of Jolo College, Province of Sulu
- Tawi-Tawi School of Midwifery, Inc., Province of Tawi-Tawi
- SMD Foundation Academy, Province of Lanao del Sur
- Notre Dame Hospital and Siena College of Cotabato, Inc., Cotabato City
- Dr. P. Ocampo Colleges, Inc., Cotabato City

Bachelor of Science in Pharmacy

- University of the Immaculate Conception, Davao City
- University of Southern Mindanao, Kabacan, North Cotabato
- St. Alexius College, Koronadal City
- Universidad de Zamboanga, Zamboanga City

Bachelor of Science in Nutrition and Dietetics

- University of the Immaculate Conception, Davao City
- University of Southern Mindanao, Kabacan, North Cotabato
- Western Mindanao State University, Zamboanga City

Bachelor of Science in Respiratory Therapy (new program SY 2026)

- Universidad de Zamboanga, Zamboanga City

Bachelor of Science in Physical Therapy (new program SY 2026)

- To be identified



Annex C

Print legibly and use separate sheet if necessary: Place ✓ marks in appropriate boxes.
Only accomplished forms will be processed.

Paste a recent 1" x 1"
photograph (taken
within the last 6
months in this box)

PERSONAL BACKGROUND

<input type="checkbox"/> Children/ Dependents of BARMM Barangay Health Worker/ Volunteers/ Traditional Birth Attendants		<input type="checkbox"/> Indigent/ Residing in Indigenous Community		<input type="checkbox"/> Children/ Dependents of MILF/MNLF combatants duly certified by PSRO	
NAME: (Surname)		(First Name)		(Middle Name)	
DATE OF BIRTH:			PLACE OF BIRTH:		
AGE:	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		NATIONALITY:	Religious Affinity:
PERMANENT ADDRESS:					Tel #:
MAILING ADDRESS:					Tel #:
CELLPHONE #:			E-MAIL ADDRESS:		
LBP Account (if any):			Philhealth # (if any):		

FAMILY BACKGROUND

Father's Name:		Age:	Occupation:	Salary (monthly):
Mother's Name:		Age:	Occupation:	Salary (monthly):
Spouse's Name:		Age:	Occupation:	Salary (monthly):
Number of Siblings (including you): _____	Gross Monthly Family Income: _____	Names of Children (if any):		
Sibling Rank: _____		1. _____		
		2. _____		
		3. _____		

EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL	HIGHEST GRADE FINISHED OR DEGREE EARNED	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ HONOR(S)/ DISTINCTION RECEIVED
			From	To	
ELEMENTARY					
SECONDARY					
VOCATIONAL/ TRADE COURSE					
COLLEGE					
GRADUATE STUDIES					



EMPLOYMENT/ SERVICE RECORD (if any)

POSITION TITLE	OFFICE/ COMPANY	INCLUSIVE DATES	STATUS OF EMPLOYMENT	MONTHLY SALARY

REFERENCES

Please provide at least two (2) character references you are not related to.

NAME	POSITION & ADDRESS	CONTACT NO.

I declare that all information and documents submitted with this application form are true and correct pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I authorize the agency head/ authorized representative to verify/ validate the contents stated herein. I trust that this information shall remain confidential.

<hr style="width: 80%; margin: 0 auto;"/> <p>Applicant's signature over printed name</p>
<p>Date:</p>