*Form 11*

**YOUTH SCHOLARSHIP GRANT ON ORGANIC FARMING**

***Checklist of Qualifications and Requirements for Farm Partner***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Basic Qualification**

| **Check if Qualified** | **Qualifications**  | **Remarks/ Evidence** |
| --- | --- | --- |
|  | 1. Farm operator/owner of certified organic or chemical-free farm, preferably LSA certified farm
 |  |
|  | 1. Must be in operation for at least one (1) year
 |  |
|  | 1. Has farm activities within the value chain either production, value adding, processing, or marketing
 |  |
|  | 1. Has basic farm tools, equipment or facilities needed for its operation
 |  |
|  | 1. Has accommodation facility for at least two (2) trainees
 |  |
|  | 1. Has internship program plan from March to November within a year
 |  |
|  | 1. With good community standing and has no proven derogatory record
 |  |
|  | 1. Farm area is not part of military identified conflict zones
 |  |

1. **Documentary Requirements**

|  | **Documentary Requirements**  |  |
| --- | --- | --- |
|  | 1. Application Form (Form 1)
 |  |
|  | 1. Internship program plan from March to November (Form 3)
 |  |
|  | 1. Notarized affidavit as owner/operator of an organic and/or chemical-free farm and/or LSA Certification
 |  |
|  | 1. Farm journal; Financial Statement for the previous years
 |  |
|  | 1. Farm layout; Photos of farm and its facilities including accommodation areas
 |  |
|  | 1. List of Resource Persons and Biodata of Trainers
 |  |
|  | 1. At least two (2) recommendation letter from a community leader (Form 6) (e.g. barangay captain, parish priest, school principal, civil society organization, farmers’ cooperative or association) of good community standing and has no proven derogatory record
 |  |

I hereby declare that all statements/information contained in the above documents are true and correct to the best of my knowledge and ability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Over Printed Name of Applicant**