**FORMULARIO ÚNICO DE POSTULACIÓN Y RENOVACIÓN**

**AÑO 2015 – 2016 INFORME SOCIAL**

**BECAS DE MANTENCIÓN Y BENEFICIO RESIDENCIA INDÍGENA**

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| **SECCIÓN 1**  **ANTECEDENTES GENERALES** I SEMESTRE II SEMESTRE POSTULANTE RENOVANTE  **BECA A LA QUE POSTULA O RENUEVA**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | BECA PRESIDENTE DE LA REPÚBLICA |  |  | BENEFICIO RESIDENCIA INDÍGENA | |  |  | BECAMAGALLANES |  | | BECA INDÍGENA |  |  | BECA LEY Nº 19.123 (Rettig) | |  |  | BECA AYSÉN |  | | BECA DE INTEGRACIÓN TERRITORIAL |  |  | BECA DECRETO Nº 1086 **(Renovante)** | |  |  | BECA PAT. AYSÉN |  | | BECA CHAITÉN **(Renovante)** |  |  | | BECA DUPLO **(Renovante**) |  |  |  |  |   **ESTADO EXCEPCION DEL RENOVANTE**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CONTINUIDAD DE CARRERAS TÉCNICAS O PROGRAMAS INICIALES A CARRERA PROFESIONAL |  | APELACIÓN |  | PRÁCTICA |  | Desde |  |  |  | Hasta |  |  |  | | CAMBIO DE IES |  | Día | Mes | Año | Día | Mes | Año | | CAMBIO DE CARRERA |  | TITULACIÓN |  | SUSPENSIÓN |  | Desde |  |  |  | Hasta |  |  |  | | Día | Mes | Año | Día | Mes | Año |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ANTECEDENTES DEL POSTULANTE O RENOVANTE** | | | | | | |  | | | |  |  | |  | |  | | |  | | | |  | | |  | | | | | | APELLIDO PATERNO | | | APELLIDO MATERNO | | | | PRIMER NOMBRE | | | SEGUNDO NOMBRE | | | | | |  |  | |  | | |  |  | | | |  |  | |  | | RUT: |  | | FECHA DE NACIMIENTO | | |  | SEXO | | | HOMBRE | | | | MUJER | | E-MAIL |  | | ESTADO CIVIL | | |  | POSEE CUENTA RUT | | | SI | | | | NO | | Si el estudiante no posee cuenta RUT es necesario señalar que debe habilitar una Cuenta Rut. | | | | | | | | | | | | | |  | | Si el estudiante no posee correo personal deberá crear un mail de contacto personal. | | | | | | | | | | | | | |  | | DOMICILIO FAMILIAR | | | | | | | | | | | | | | | |  | |  | |  |  | | |  |  | | | |  | | | CALLE | | Nº | | DPTO. | POBLACIÓN | | | COMUNA | REGIÓN | | | | FONO/CELULAR | | | DOMICILIO DURANTE EL PERIODO DE ESTUDIOS | | | | | | | | | | | | | | | |  | |  | |  |  | | |  |  | | | |  | | | CALLE | | Nº | | DPTO. | POBLACIÓN | | | COMUNA | REGIÓN | | | | FONO/CELULAR | |   **PUEBLO ORIGINARIO AL QUE PERTENECE (campo obligatorio postulación y renovación BI y BRI)**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Mapuche |  |  | Rapa Nui | |  |  | Diaguita | |  | | | Aymara |  |  | Atacameño | |  |  | Sin etnia | |  | | | Yagan |  |  | | Colla |  |  |  | |  | | | Kawhaskar |  |  | | Quechua |  |  |  |  | | |  |  |  | |  |  |  |  |  | |   **POSEE ASCENDENCIA INDÍGENA. Medio de verificación (marcar con una x):**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **CERTIFICADO CONADI** |  | **Nº:** | **APELLIDO INDÍGENA DIRECTO** |  | **EN TRAMITE** |  |   **POSTULA Al BENEFICIO RESIDENCIA INDIGENA**   |  |  | | --- | --- | | SI |  | | NO |  |   **Nota:** para aquellos estudiantes de educación superior que desean postular al Beneficio Residencia Indígena, se solicita aplicar el formulario de manera completa llenando todos sus campos. Postulación circunscrita y/o Valida solamente a las regiones de Arica y Parinacota – Tarapacá – Antofagasta – Bío Bío – Araucanía – Los Lagos – Los Ríos – Magallanes.  **DISCAPACIDAD EMBARAZO ADOLESCENTE**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | SI |  |  | SI |  | | NO |  |  | NO |  |   **ANTECEDENTES ACADÉMICOS**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | NOMBRE ESTABLECIMIENTO (básica / media) | |  | | | | | COMUNA |  | FONO |  | FAX |  |      |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CURSO | 5º | 6º | 7º | 8º |  |  | TIPO DE ESTABLECIMIENTO | | TIPO DE ENSEÑANZA | | | **Básica** |  |  |  |  |  |  | Particular Subvencionado |  | Científico Humanista |  | | CURSO | 1º | 2º | 3º | 4º | 5º |  | Particular |  | Liceo Técnico Profesional |  | | **Media** |  |  |  |  |  |  | Municipal |  | Adultos |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | NOMBRE INSTITUCIÓN DE E. SUPERIOR | |  | | | | | COMUNA |  | SEDE |  | FONO /FAX |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | |  | TIPO DE INSTITUCIÓN DE EDUCACION SUPERIOR **(Marcar con una X)** | | | NOTA |  |  | UNIVERSIDAD |  | | NIVEL A CURSAR AÑO 2016 |  |  | INSTITUTO PROFESIONAL |  | | CARRERA E. SUP. |  |  | CENTRO DE FORMACIÓN TÉCNICA |  | | DURACIÓN DE CARRERA |  |  | ESCUELAS MATRICES, POLICIA DE INVESTIGACIONES, CARABINEROS |  | | AÑO DE INGRESO |  |  | OTROS |  |   **COMPROBANTE DEL PROFESIONAL**  Este Certificado acredita que el alumno(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A.- Conoce las exigencias de la beca/ beneficio.........................................................  B.- Entregó la documentación requerida que a continuación se señala, marcar con una X documentos presentados   |  |  | | --- | --- | | 1. Certificado de notas. |  | | 1. Certificado de matrícula y/o alumno regular año 2016. |  | | 1. Fotocopia de cedula nacional de identidad. |  | | 1. Documentación que acredite información de la Dimensión Económica: Ingresos del Grupo Familiar - Categoría Ocupacional del Jefe de Hogar – Situación Laboral del Jefe de Hogar – Patrimonio en caso que corresponda. |  | | 1. Documentación que acredite información de la Dimensión Factores de Riesgo: Enfermedades Catastróficas en caso que corresponda – Stress Familiar en caso que corresponda – Discapacidad en caso que corresponda- Déficit de Apoyo en caso que corresponda. |  | | 1. Documentación que acredite información de la Dimensión Educación: Lugar de Estudios del Becado – Duplicidad de Funciones en caso que corresponda – Hermanos o Hijos Estudiando en caso que corresponda. |  | | 1. Certificado residencia que acredite la comuna y localidad de domicilio familiar. |  | | 1. Certificado o concentración de notas de enseñanza básica de un Establecimiento Educacional de la Región de Magallanes y Antártica Chilena, o Certificado de egreso o concentración de notas de enseñanza media de un Establecimiento Educacional de la Región de Magallanes y Antártica Chilena o Certificado que acredite residencia por 4 años continuos y previos a la postulación en la región de Magallanes o Aysén, cuando corresponda. |  | | 1. Certificado NEM – PSU. |  | | 1. Certificado aprobación curricular y carga académica. |  | | 1. Certificado Conadi (sólo BI o BRI). |  | | 1. Documento que acredita participación en organización indígena (sólo BI o BRI). |  | | 1. Documento que acredita que la familia proviene de comunidad indígena (sólo BI o BRI). |  | | 1. Documento que acredita que participa de prácticas culturales y/o celebraciones rituales de la comunidad o pueblo al que pertenece (sólo BI o BRI). |  | | 1. Contrato de Arriendo para BRI (documento no excluyente para la postulación/renovación). |  |   C.- Autoriza a Junaeb a verificar cuando corresponda si los antecedentes académicos socioeconómicos declarados en el proceso de postulación o renovación son fidedignos.  D.- Autoriza a Junaeb a efectuar el tratamiento de mis datos personales con arreglo a las disposiciones de la ley Nº 19.628 sobre protección a la vida privada con el objeto de efectuar ante la Red Colaboradora las gestiones pertinentes que tengan directa relación con los procesos de becas.  E. Autorizo a Junaeb a efectuar la notificación del resultado de mi postulación y/o renovación mediante el correo electrónico consignado en el presente formulario o mediante mensaje de texto al celular consignado para estos efectos.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | **FIRMA** |  | **TIMBRE** |  | **FECHA** | | |     **DEPTO. SOCIAL MUNICIPALIDAD / DEPTO SOCIAL GOBERNACIÓN** **SUPERVISIÓN DIRECCIÓN REGIONAL JUNAEB**  VERIFICACIÓN DOCUMENTAL SI NO VERIFICACIÓN TERRENO SI NO  A. SOCIAL EVALUADOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOMBRE DE INSTITUCIÓN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMUNA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELÉFONO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CORREO ELECTRÓNICO:  FECHA DEL INFORME / /  FIRMA DE A. SOCIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISIÓN DOCUMENTAL SI NO SUPERVISIÓN TERRENO SI NO    A. SOCIAL SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DIRECCIÓN REGIONAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CALLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELÉFONO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FECHA DEL INFORME / / FIRMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **IMPORTANTE: Se debe entregar comprobante de postulación o renovación al estudiante que se adjunta en este formulario único de postulación y renovación.**  **COMPROBANTE DEL ALUMNO**  Este certificado acredita que el alumno(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  A.- Conoce las exigencias de la beca/beneficio...................................................  B.- Entregó la documentación requerida que a continuación se señala, marcar con una X documentos presentados   |  |  | | --- | --- | | 1. Certificado de notas. |  | | 1. Certificado de matrícula y/o alumno regular año 2016. |  | | 1. Fotocopia de cedula nacional de identidad. |  | | 1. Documentación que acredite información de la Dimensión Económica: Ingresos del Grupo Familiar - Categoría Ocupacional del Jefe de Hogar – Situación Laboral del Jefe de Hogar – Patrimonio en caso que corresponda. |  | | 1. Documentación que acredite información de la Dimensión Factores de Riesgo: Enfermedades Catastróficas en caso que corresponda – Stress Familiar en caso que corresponda – Discapacidad en caso que corresponda - Déficit de Apoyo en caso que corresponda. |  | | 1. Documentación que acredite información de la Dimensión Educación: Lugar de Estudios del Becado – Duplicidad de Funciones en caso que corresponda – Hermanos o Hijos Estudiando en caso que corresponda. |  | | 1. Certificado residencia que acredite la comuna y localidad de domicilio familiar. |  | | 1. Certificado o concentración de notas de enseñanza básica de un Establecimiento Educacional de la Región de Magallanes y Antártica Chilena, o Certificado de egreso o concentración de notas de enseñanza media de un Establecimiento Educacional de la Región de Magallanes y Antártica Chilena o Certificado que acredite residencia por 4 años continuos y previos a la postulación en la región de Magallanes o Aysén, cuando corresponda. |  | | 1. Certificado NEM – PSU. |  | | 1. Certificado aprobación curricular y carga académica. |  | | 1. Certificado Conadi (sólo BI o BRI). |  | | 1. Documento que acredita participación en organización indígena (sólo BI o BRI). |  | | 1. Documento que acredita que la familia proviene de comunidad indígena (sólo BI o BRI). |  | | 1. Documento que acredita que participa de prácticas culturales y/o celebraciones rituales de la comunidad o pueblo al que pertenece (sólo BI o BRI). |  | | 1. Contrato de Arriendo para BRI (documento no excluyente para la postulación/renovación). |  |   C.- Autoriza a Junaeb a verificar cuando corresponda si los antecedentes académicos socioeconómicos declarados en el proceso de postulación o renovación son fidedignos.  D.- Autoriza a Junaeb a efectuar el tratamiento de mis datos personales con arreglo a las disposiciones de la ley Nº 19.628 sobre protección a la vida privada con el objeto de efectuar ante la Red Colaboradora las gestiones pertinentes que tengan directa relación con los procesos de becas  E. Autorizo a Junaeb a efectuar la notificación del resultado de mi postulación y/o renovación mediante el correo electrónico consignado en el presente formulario o mediante mensaje de texto al celular consignado para estos efectos  **RESPONSABILIDADES Y DERECHOS DE LOS BECADOS**  **1) Los(as) beneficiarios(as) de la beca/beneficio deberán cumplir con las siguientes obligaciones:**   * Mantener los requisitos que dieron origen a la beca7beneficio. * Informar oportunamente a la Junaeb Regional los cambios producidos en su situación económica, social y/o académica que dieron origen al beneficio. * Realizar la postulación o renovación de la beca/beneficio exclusivamente en los plazos establecidos por Junaeb en el Calendario Anual, publicados en [www.junaeb.cl](http://www.junaeb.cl). * Presentar todos los antecedentes fidedignos a su situación socioeconómica y académica requerida para el respectivo proceso de renovación y postulación del beneficio ante el Departamento Social del Municipio de residencia familiar. * Acreditar en cada semestre la calidad de alumno regular. * Informar oportunamente situación de pago indebido, a fin de completar el pago o descontarlo según corresponda en la cuota siguiente. * Autorizar a Junaeb a efectuar el ajuste de pagos o cuotas siguientes de aquellos abonos indebidos. * Autorizar a la Junaeb la verificación de la situación socioeconómica y académica presentada en el correspondiente proceso. * En caso de retiro o suspensión de estudios, el becario deberá dar inmediata cuenta de ello por escrito al Departamento de Becas de la Dirección Regional respectiva, para que se proceda a suspender el pago de la beca/beneficio. El becario que omita este aviso y siga percibiendo el beneficio, perderá el derecho a optar nuevamente a él y deberá restituir de inmediato la suma de dinero percibido de manera indebida, reajustada conforme al IPC desde la fecha en que el becario omitió dar el aviso debiendo darlo y en la que efectivamente lo haya emitido, o el mecanismo de reajustabilidad que lo remplace, si así ocurriere.   **2) Los(as) beneficiarios(as) del programa tendrán los siguientes derechos:**   * Recibir una atención respetuosa, dentro de los horarios y plazos establecidos. * Solicitar información a la Dirección Regional de Junaeb respecto de su situación personal en el Programa. * Solicitar a la Junaeb la certificación de la calidad de beneficiario (a) del Programa * Solicitar la posibilidad de suspender y reactivar el beneficio, siempre y cuando cumplan con los requisitos establecidos. * Confidencialidad y buen uso de los antecedentes personales. * Acceso al estado de su consulta, reclamo y/o sugerencia. * Solicitar la posibilidad de cambio de carrera, cambio de institución de educación superior, continuidad del beneficio de carreras técnicas o programas iniciales a carrera profesional, suspensión o reactivación de la beca/beneficio, siempre y cuando cumpla con los requisitos establecidos.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | | **FIRMA** |  | **TIMBRE** |  | **FECHA** | | |   **SECCIÓN 2**  **1. CALIFICACIÓN ACADÉMICA PROMEDIO DE NOTAS AÑO ANTERIOR**  **2. INSUFICIENCIA ECONÓMICA DE LA FAMILIA** (Inclúyase al postulante o becado)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Nº** | **R.U.T** | **APELLIDO PATERNO** | | | | **APELLIDO MATERNO** | | | **NOMBRE** | | | | **FECHA NACIMIENTO** | | | | | **ESTADO**  **CIVIL** | **PARENTESCO**  **ALUMNO** | **INGRESOS**  **$** | | | | 1 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 2 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 3 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 4 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 5 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 6 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | 7 |  |  | | | |  | | |  | | | |  | |  | |  |  |  |  | | | | **Total de Ingresos** | | | | | | | | | | | | | | | | | | | |  | | | | **Total Integrantes** | |  | **Ingreso Per Cápita** | | | | |  | | | | | | | | **PUNTAJE** | | |  | | | | |  | |  |  | | | | |  | | | | | | | |  | | |  | | | | | **PARA BECA INDÍGENA INDICAR**  **RUT , NOMBRE Y FECHA DE NACIMIENTO DEL TUTOR:** | | | | Rut:  Fecha de nacimiento: | | | | | | Nombre completo: | | | | | | | | | | | | | | | **Antecedentes del Jefe de Hogar (Marcar sólo 1 alternativa)** | | | | | | | | | | | | | | | | | | | | | | | | | **CATEGORÍA OCUPACIONAL** | | | | | |  | **SITUACIÓN LABORAL** | | | | |  | | **PATRIMONIO** | | | | | | | | | Empresario | | | | |  | Activo Permanente | | | |  | Tiene Bien Raíz, Vehículo Part, Capital de Trabajo | | | | | | |  | | Peq. Prod. Agric. o Peq. Emprendedor Indígena o microempresario | | | | |  | Tiene Bien Raíz, y Vehículo Part. | | | | | | |  | | Profesionales sector público o privado | | | | |  | Pasivo o Pensionado | | | |  | Tiene Bien Raíz y Capital de Trabajo | | | | | | |  | | Empleados Públicos o Privado | | | | |  | Tiene Vehículo Part. y Capital de Trabajo | | | | | | |  | | Jubilado, Pensionado | | | | |  | Activo Ocasional o Temporal | | | |  | Tiene Bien Raíz | | | | | | |  | | Trabajador Dependiente | | | | |  | Tiene Vehículo Particular | | | | | | |  | | Trabajador Por Cuenta Propia | | | | |  | Inactivo o Desempleado | | | |  | Tiene Capital de Trabajo | | | | | | |  | | Trabajador No Calificado | | | | |  | No Tiene Ningún Patrimonio | | | | | | |  | | PASIS, Pensionado Mínimo INP/AFP | | | | |  | **PUNTAJE** | | | |  | **PUNTAJE** | | | | | | |  | | **PUNTAJE** | | | | |  |   **3. OTROS FACTORES DE RIESGO (Marcar sólo 1 alternativa)**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **ENFERMEDADES CATASTRÓFICAS** | | | | |  | **STRESS FAMILIAR** | | | Sin enfermedad catastrófica | | | |  |  | Sin situación de stress familiar |  | | Afecta a adulto de la familia | | | |  |  | Con Hacinamiento |  | | Afecta a menor de la familia | | | |  |  | Enfermedad Crónica Severa que afecte al postulante o becado u otro integrante del grupo familiar |  | | Afecta al postulante o becado | | | |  |  | | Afecta al jefe de hogar | | | |  |  | Alcoholismo o drogadicción |  | | **PUNTAJE** | | | |  |  | Violencia Intrafamiliar |  | |  |  |  |  | |  | Trastorno salud mental que afecte al postulante becado u otro integrante del grupo familiar |  | | **DEFICIT DE APOYO** | | | | |  | Embarazo Adolescente de la postulante |  | | Familia Nuclear biparental | | | |  |  | **PUNTAJE** |  | | Familia Monoparental | | | |  | | A cargo de abuelos o parientes | | | |  |  | **DISCAPACIDAD** | | | Solo o a cargo de Cuidadores | | | |  |  | Sin Discapacidad |  | | Institución de Protección | | | |  |  | Discapacidad que afecta a menor del grupo familiar |  | | **PUNTAJE** | | | |  |  | Discapacidad que afecta a un adulto integrante del grupo familiar |  | |  | | | |  |  | Discapacidad que afecta al jefe de hogar del grupo familiar |  | |  | | | |  |  | Discapacidad que afecta al postulante |  | |  | | | |  |  | **PUNTAJE** |  |   **4. EDUCACIÓN (Marcar alternativa)**     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ESCOLARIDAD DE LOS PADRES** | MADRE | PADRE |  | **LUGAR ESTUDIO DEL BECADO** | | | | |  | **DUPLICIDAD DE FUNCIONES** | |  | **HERMANOS O HIJOS ESTUDIANTES** | | | | | | | | |  | En o fuera de Comuna sin dificultad de acceso | | |  | |  | Sólo estudia |  |  | No tiene hermanos o hijos estudiando | | | |  | | | | | E. S. Completa |  |  |  | En Comuna con dificultad de acceso | | |  | |  | Estudia y Trabaja |  |  | En E. Pre básica | | | |  | | | | | E. S Incompleta |  |  |  | Fuera de la Comuna | | |  | |  | Estudia y es Padre |  |  | En E. Básica | | | |  | | | | | E. M. Completa |  |  |  | Fuera de la Provincia | | |  | |  | Estudia y es madre |  |  | En E. Media | | | |  | | | | | E. M. Incompleta |  |  |  | Fuera de la Región | | |  | |  | Estudia y es Jefe de hogar |  |  | En E. S. en lugar de residencia | | | |  | | | | | E. B. Completa |  |  |  | **PUNTAJE** | | |  | |  | **PUNTAJE** |  |  | En E. S. fuera del lugar de residencia | | | |  | | | | | E. B Incompleta |  |  |  |  |  |  | |  |  |  |  |  | **PUNTAJE** | | | |  | | | | Sin Escolaridad |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  | | | **PUNTAJE** |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  | |   **5. SOCIOCULTURAL**   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Participación del padre, madre o representante legal en organización indígena (Sólo E. Básica y E. Media) | |  | Participación en organización indígena (Sólo E. Superior) | |  | Se domicilia o vive en comunidad indígena | | Indicar comunidad indígena a la cual pertenece el estudiante |  | Participa de prácticas culturales y/o celebraciones rituales de la comunidad o pueblo al que pertenece | | | SI |  |  | SI |  |  | SI |  |  |  | SI |  | | NO |  |  | NO |  |  | NO |  |  | NO |  | | **PUNTAJE** |  |  | **PUNTAJE** |  |  | **PUNTAJE** |  |  | **PUNTAJE** |  |   **6. TERRITORIAL DEL BENEFICIO RESIDENCIA INDÍGENA**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DIMENSIÓN TERRITORIAL** | |  | **DOMICILIO DE ESTUDIOS** | | | NOMBRE DE COMUNA DE DOMICILIO FAMILIAR |  |  | REGIÓN DE SEDE |  | | NOMBRE DE LOCALIDAD DE DOMICILIO FAMILIAR |  |  | PROVINCIA DE SEDE |  | | COMUNA DE SEDE |  | |