

**DEPARTMENT OF SCIENCE AND TECHNOLOGY  
SCIENCE EDUCATION INSTITUTE  
Bicutan, Taguig City**

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**INFORMATION SHEET**  
for the

**National Consortium in Graduate Science and Mathematics Education  
AY 2015-2016**

Form 1

**I. PERSONAL INFORMATION**

1. Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name
2. Permanent Address: \_\_\_\_\_  
No. Street District  
\_\_\_\_\_  
City/Municipality Province Zip Code Region
3. E-mail address: \_\_\_\_\_ 4. Residence Phone No: \_\_\_\_\_
5. Cellphone No.: \_\_\_\_\_ 6. Fax No.: \_\_\_\_\_
7. Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male 8. Age: \_\_\_\_\_ 9. Nationality \_\_\_\_\_
10. Date of Birth: \_\_\_\_\_ 11. Place of Birth: \_\_\_\_\_
12. Civil Status: \_\_\_\_\_  
If married, Spouse's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_ No of Children: \_\_\_\_\_

**II. EMPLOYMENT INFORMATION**

- a. Present Employment Status:  Permanent  Contractual  
 Probationary  Self-employed  
 Unemployed

a.1 If presently employed

Position: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Head of Institution: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

**III. CAREER PLANS (Write in the attached sheet)**

A. Discuss your proposed topic/research area of interest between 250-500 words (Annex A)

B. Discuss your future plans after graduation in not more than 250 words (Annex B)

**IV. DOST-SEI SCHOLARSHIP PROGRAM INFORMATION**

13. If you have previously availed of any of the DOST-SEI scholar-graduate, please indicate below:

Program	Year of Scholarship Award
_____ RA 7687	_____
_____ Merit	_____
_____ Project 8102 Ed/9001 Ed	_____
_____ JLSS (JLAP)	_____
_____ Faculty Development Program for Teacher Education Institutions (TEIs)	_____
_____ ASTHRDP	_____

**V. EDUCATIONAL BACKGROUND**

LEVEL	SCHOOL	DEGREE EARNED	YEAR GRADUATED	GENERAL WEIGHTED AVERAGE (GWA)	HONORS RECEIVED
Baccalaureate					
Masters					
Thesis/Dissertation Title					

\*Please attach Certified True Copy of Transcript of Records.

**VI. SCHOLARSHIP INTENTION**

14. Applying for which type of Graduate Scholarship Program?

- \_\_\_\_\_ Masters
- \_\_\_\_\_ PhD
- \_\_\_\_\_ Thesis Grant
- \_\_\_\_\_ Dissertation Grant

15. Field of study

- \_\_\_\_\_ Biology
- \_\_\_\_\_ Chemistry
- \_\_\_\_\_ General Science
- \_\_\_\_\_ Mathematics
- \_\_\_\_\_ Physics
- \_\_\_\_\_ Science Education
- \_\_\_\_\_ Mathematics Education

16. University you intend to enroll (You are advised to seek admission at the university where you intend to enroll):

- \_\_\_\_\_ Ateneo de Manila University
- \_\_\_\_\_ Bicol University
- \_\_\_\_\_ Central Luzon State University
- \_\_\_\_\_ De La Salle University
- \_\_\_\_\_ Mariano Marcos State University
- \_\_\_\_\_ MSU-Marawi
- \_\_\_\_\_ Philippine Normal University
- \_\_\_\_\_ University of San Carlos
- \_\_\_\_\_ Western Mindanao State University
- \_\_\_\_\_ West Visayas State University

17. Proposed Thesis/Dissertation Topic

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- The topic will be presented to the research adviser for proposal defense and final approval of the panel to determine and recommend an abling mechanism for the student to complete the degree program on time. The research proposal has to meet the priority thrusts identified in the DOST National Science and Technology Plan (NSTP).

**VII. RESEARCH INVOLVEMENT (last three years)**

Use additional sheet if necessary

FIELD AND TITLE OF RESEARCH	LOCATION/DURATION	FUND SOURCE	NATURE OF INVOLVEMENT

**VIII. PUBLICATIONS**

Use additional sheet if necessary

TITLE OF ARTICLE/PUBLICATION	PLACE/YEAR OF PUBLICATION	NATURE OF INVOLVEMENT

**IX. AWARDS AND RECOGNITION RECEIVED**

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

I hereby certify to the truthfulness and completeness of the information provided. Any misinformation or withholding of information will automatically disqualify me from the program, National Consortium in Graduate Science and Mathematics Education. I am willing to refund all the financial benefits received plus appropriate interest if such misinformation is discovered.

\_\_\_\_\_  
Signature over Printed Name of Applicant

\_\_\_\_\_  
Date

*Form 2*

**CERTIFICATE OF EMPLOYMENT, IF EMPLOYED**

RECOMMENDATION LETTER FROM THE HEAD OF THE UNIVERSITY, that applicant has a permanent employment status, allowed to study full-time for a period of 2/3 years, permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the program.

Form 3

**MEDICAL CERTIFICATE**

\_\_\_\_\_  
Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined \_\_\_\_\_ and found  
(Name of Applicant)  
him/her to be physically and mentally fit to undergo the stress of study.

This certification is issued in connection with his/her application for the National Consortium in Graduate Science and Mathematics Education.

\_\_\_\_\_  
Health Agency

\_\_\_\_\_  
Name (Print) and Signature of Licensed Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
PRC License No.

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

	Accomplished Information Sheet (Form 1)
	Certified Copy of Transcript of Records, if employed (TOR)
	Recommendation letter from 2 former professors
	Certificate of employment with a permanent employment status, permitted to take a leave of absence and commitment for full release from institutional responsibilities for the entire duration of the program, if employed (Form 2)
	Commitment to complete the degree
	Two (2) copies of 2 x 2 recent pictures
	Birth Certificate (Photocopy)
	Medical Certificate (Form 3)

**NATIONAL CONSORTIUM IN GRADUATE SCIENCE AND MATHEMATICS EDUCATION  
2015-2016 GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS**

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**CAREER PLANS**

b1) Briefly discuss your proposed research area/s

b2) Future Plans (After Graduation)