

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

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APPLICATION FORM
for the
**ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE
DEVELOPMENT PROGRAM – NATIONAL SCIENCE CONSORTIUM
2016-2017 GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS**

TYPE OF SCHOLARSHIP APPLIED FOR

- MS PHD THESIS DISSERTATION

I. PERSONAL INFORMATION

a. Last Name First Name Middle Name

b.

c. Permanent Address No. Street City/Municipality Province

d. Zipcode Region District Passport No. E-mail Address

e. Current Mailing Address

f. Telephone Nos. (Landline/Mobile) Fax No.

g. Civil Status Date of Birth Age Sex

Father's Name Mother's Name

II. EDUCATIONAL BACKGROUND

	PERIOD (Year Started – Year Ended)	FIELD	UNIVERSITY/ SCHOOL	SCHOLARSHIP (if applicable)	REMARKS
HS				<input type="checkbox"/> PSHS OTHERS: _____	
BS				<input type="checkbox"/> PSHS <input type="checkbox"/> RA 7687 <input type="checkbox"/> MERIT <input type="checkbox"/> JLAP OTHERS: _____	
MS				<input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> ERDT <input type="checkbox"/> COUNCIL/SEI OTHERS: _____	
PHD				<input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> ERDT <input type="checkbox"/> COUNCIL/SEI OTHERS: _____	

III. GRADUATE SCHOLARSHIP INTENTIONS DATA

(Note: An applicant for a graduate program should elect to go to another university if he/she earned his/her 1st (BS) and/or 2nd (MS) degrees from the same university to avoid inbreeding.)

New Applicant

a. University where you applied/intend to enrol for graduate studies

b. Course/Degree

Lateral Applicant

a. University enrolled in

b. Course/Degree

c. Number of units earned d. No. of remaining units/semes

Applicant for Thesis/Dissertation Grant (Please fill-up also information for Lateral Applicant)

Has your research topic been approved by the panel? YES NO

Title

Date of last enrolment for thesis/dissertation

IV. CAREER/EMPLOYMENT INFORMATION

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

a.1 For those who are presently employed*

Position Length of Service
 Name of Company/Office
 Address of Company/Office
 Email Website
 Telephone No. Fax No.

a.2 For those who are self-employed

Business Name
 Address
 Email/Website Telephone No. Fax No.
 Type of Business Years of Operation

***Once accepted in the scholarship program, the scholar must obtain permission to take a Leave of Absence (LOA) from his/her employer and become a full-time student. The scholar must submit a letter from his/her employer approving the LOA.**

b. **CARRER PLANS (Write in the separate sheet attached to this form)**

b.1 Briefly discuss your proposed research area/s
 b.2 Future Plans (After Graduation)

V. RESEARCH AND DEVELOPMENT INVOLVEMENT (last five years)

Use additional sheet if necessary

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

VI. PUBLICATIONS (last five years)

Use additional sheet if necessary.

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

VII. AWARDS RECEIVED

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

I hereby certify that all information given above are true and correct to the best of my knowledge.

Signature of Applicant
 Date _____

CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (for staff use only)

- Birth Certificate (Photocopy)
- Certified True Copy of the Official Transcript of Record
- Endorsement from two former professors in college or from two former professors in the MS program for applicant pursuing a PhD program

If Employed

- Recommendation from Head of Agency
- Permission to take a leave of absence (LOA) while on scholarship
- Medical Certificate as to health status from a licensed physician with his/her PRC license number indicated
- Valid NBI Clearance
- Letter of Admission from the Graduate School which should include the evaluation sheet
- Program of Study

DEADLINE OF SUBMISSION OF APPLICATION

UNIVERSITY	1ST TERM	2ND TERM	3RD TERM
USC	May 31	September 15	
ADMU, CLSU, MSU-IIT, UPD, UPLB, UPM, UPV, UST and VSU	June 15	November 15	
DLSU			March 31

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NATIONAL SCIENCE CONSORTIUM
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Name of Applicant: _____

Date: _____

CAREER PLANS

b.1) Briefly discuss your proposed research area/s

b.2) Future Plans (After Graduation)