

a. Employment History (if previously employed)

| NAME OF INSTITUTION/COMPANY | DATE OF EMPLOYMENT | POSITION |
|-----------------------------|--------------------|----------|
| | | |
| | | |

*Please attach copy of Service Records or Certificate/s of Employment

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 scholarship program, please indicate below:

| Program (put a check) | Year of Scholarship Award |
|--|---------------------------|
| _____ RA 7687 | _____ |
| _____ Merit | _____ |
| _____ Project 8102 Ed/9001 Ed | _____ |
| _____ JLSS (JLAP) | _____ |
| _____ Faculty Development Program for Teacher Education Institutions (TEIs) | _____ |
| _____ ASTHRDP-Science Education | _____ |
| _____ NCGSME | _____ |

V. EDUCATIONAL BACKGROUND

| LEVEL | SCHOOL | DEGREE EARNED | YEAR GRADUATED | GENERAL WEIGHTED AVERAGE (GWA) | HONORS RECEIVED |
|-----------------|--------|---------------|----------------|--------------------------------|-----------------|
| Baccalaureate | | | | | |
| Master's | | | | | |
| Title of Thesis | | | | | |

*Please attach Certified True Copy of Transcript of Records.

VI. SCHOLARSHIP INTENTION

14. Applying for which type of Graduate Scholarship Program?

- _____ Master's
- _____ PhD
- _____ Thesis Grant
- _____ Dissertation Grant

15. Field of Specialization: _____ (Refer to the brochure and specify)

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
- _____ Cebu Normal University
- _____ De La Salle University
- _____ Leyte Normal University
- _____ Mariano Marcos State University
- _____ MSU-IIT
- _____ MSU-Marawi
- _____ Philippine Normal University
- _____ Saint Mary's University
- _____ University of San Carlos
- _____ UP Open University
- _____ UP College of Education
- _____ Western Mindanao State University
- _____ West Visayas State University

17. Have you been admitted to the Graduate School at any of the identified universities?

_____ Yes _____ No If Yes, when? _____

18a. Approved Thesis/Dissertation Topic (for Thesis/Dissertation Grant applicants)

18b. Proposed Thesis/Dissertation Topic

- 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

| AREA 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, Capacity Building Program in 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 A (For employees of the Department of Education)

CERTIFICATE OF DEPED EMPLOYMENT, AND PERMIT TO STUDY

This is to certify that Ms/Mr. _____, an applicant for CBPSME scholarship program has a permanent employment status under the **Department of Education**. He/she is allowed to study full-time for a period of 2/3 years, and is permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the scholarship program.

Principal

Schools Division Superintendent
Division of _____

Regional Director
DepEd Regional Office # _____

Form 2 B (For employed non DepEd applicants)

CERTIFICATE OF EMPLOYMENT, AND PERMIT TO STUDY

This is to certify that Ms./Mr. _____, an applicant for CBPSME scholarship program has a permanent employment status under the _____.
Name of School/Institution

He/she is allowed to study full-time for a period of 2/3 years, and is permitted to take a leave of absence and shall be released from institutional responsibilities for the entire duration of the scholarship program.

Principal

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 graduate studies.

This certification is issued in connection with his/her application for scholarship under master's/doctoral program of the Capacity Building Program in 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 (TOR) |
| | Recommendation letter from 2 former professors |
| | Certificate of DepEd 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 (Form 2A) |
| | 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 2B) |
| | Commitment to complete the degree |
| | One (1) copy of 2 x 2 recent pictures |
| | Birth Certificate (Photocopy) |
| | Medical Certificate (Form 3) |