

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

**APPLICATION FORM
for the
SCIENCE AND TECHNOLOGY REGIONAL ALLIANCE OF UNIVERSITIES
FOR INCLUSIVE NATIONAL DEVELOPMENT
(Project STRAND)
GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS
AY 2021-2022**

Attach here
1 latest passport
size picture

Form 1

I. PERSONAL INFORMATION

a.
Last Name First Name Middle Name

b.
Permanent Address No. Street Baranggay City/Municipality Province

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

d.
Current Mailing Address

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

f.
Civil Status Date of Birth Age Sex

g.
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"/> RA 10612 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

- Notes:**
1. 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.
 2. A faculty-applicant for a graduate program should elect to go to any of the member universities of the ASTHRDP National Science Consortium, i.e., ADMU, CLSU, DLSU, MSU-IIT, UPD, UPLB, UPM, UPV, USC, UST and VSU; or the ERDT Consortium, i.e., ADMU, CLSU, DLSU, MIT, MSU-IIT, UPD, UPLB, and USC.

STRAND CATEGORY <input type="checkbox"/> STRAND 1 <input type="checkbox"/> STRAND 2	TYPE OF APPLICANT (for STRAND 2 only) <input type="checkbox"/> Student <input type="checkbox"/> Faculty	TYPE OF SCHOLARSHIP APPLIED FOR <input type="checkbox"/> MS <input type="checkbox"/> PhD
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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/sems

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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)

Form 2A (For those who are currently employed)

CERTIFICATION OF EMPLOYMENT AND PERMIT TO STUDY

Instructions to the Applicant: Please complete this form and give this to the Head of the Institution/Supervisor for certification. Enclose the accomplished form in your application.

This is to certify that the person whose name appears below is employed in the institution as indicated but is allowed to go on a leave of absence should he/she qualify for a scholarship under Project STRAND.

Name of Applicant:

_____ (Last Name) (First Name) (Middle Name)

Designation: _____

Sending Institution: _____

Address: _____

Program Applied for: _____

Issued upon the request of the applicant as a requirement for application DOST-SEI Graduate Scholarship under the Science and Technology Regional Alliance for Inclusive National Development (STRAND).

Signature of the Head of Institution: _____

Printed Name: _____ Date: _____

Position/Title: _____

Form 2B (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 STRAND 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 3

CERTIFICATION OF HEALTH STATUS

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined _____ and found him/her to be physically fit to undertake the graduate studies.

This certification is issued in connection with his/her application for the DOST-SEI Graduate Scholarship under the Science and Technology Regional Alliance for Inclusive National Development (STRAND).

Name of Health Agency

Name (Print) and Signature of Medical Officer

Address

Official Designation/License No.