

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

INFORMATION SHEET  
for the



2009-2010 GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS

TYPE OF SCHOLARSHIP APPLIED FOR:

- ☒ MS ☐ Thesis Grant  
☐ PhD ☐ Dissertation Grant

FORM A

I. PERSONAL INFORMATION

a.	TEJANO	IRISH	ANDY
	Last Name	First Name	Middle Name
b.	Purok Vanda, ACMAC, ILIGAN CITY, LANAO DEL NORTE		
	Permanent Address	No.	Street District City/Municipality Province
c.	9200		irish-tejano@yahoo.com
	Zip Code	Passport No.	E-mail Address
d.	09275708359		
	Telephone Nos.		Fax No.
e.	SINGLE	21	FEMALE
	Civil Status	Age	Sex
f.	MARIO A. TEJANO	FELICITAS A. TEJANO	
	Parents (Father)	(Mother)	
	Purok Vanda, ACMAC, ILIGAN CITY, LANAO DEL NORTE		
	Address		

II. UNDERGRADUATE SCHOLARSHIP INFORMATION

(To be accomplished if availed. If not, skip this part and proceed to Part III)

a.	Scholarship Program (Please check)	b.	Year of Award
	( ) RA 7687 Scholarship Program		
	( ) DOST-SEI Merit Scholarship Program		
	( ) Junior Level Assistance Program in Engineering (JLAP)		
c.	Course	On-going:	Year Level:
	Completed:	BS CHEMISTRY	
d.	School:	MSU - Iligan Institute of Technology	

III. WILLINGNESS TO DO RESEARCH (for Thesis/Dissertation) RELATED TO NATIONAL R&D PRIORITIES

Yes No

IV. CAREER/EMPLOYMENT INFORMATION

- a. Present Employment Status: ( ) Local ( ) Self-employed (✓) Unemployed

a.1 For those who are presently employed

Name of Company/Office
Address of Company/Office
E-mail
Website

MSE 1.63  
- 58  
2.21

Telephone No.

Fax No.

Present Position

Status: ( ) Permanent ( ) Temporary ( ) Contractual

Sector (Check one): ( ) Government ( ) Private Firm  
( ) NGO/Foundation ( ) Academic

Employment Duration for this position

a 2 For those who are self-employed

Business Name

Address

Email/Website

Type of Business

Telephone No.

Fax No.

Years of Operation

V. CURRENT PROFESSIONAL AFFILIATIONS (Use additional sheet if necessary)

ORGANIZATION NAME	ADDRESS	POSITION	DURATION

VI. PUBLICATIONS (Use additional sheet if necessary)

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

VII. RESEARCH AND DEVELOPMENT INVOLVEMENT (Use additional sheet if necessary)

FIELD AND TITLE OF RESEARCH	LOCATION/DURATION	FUND SOURCE	NATURE OF INVOLVEMENT
PARTIAL ISOLATION OF ANTIMICROBIAL COMP. OF ETHYL ACETATE EXTRACT FROM A MARINE SPONGE COLLECTED AC L-04	MSU - IT DEC - MAR	CHEM. FUND	RESEARCHER/EXPERIMENTER

VIII. AWARDS


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

Signature of Applicant

Date July 30, 2008

FORM B

VIII. CERTIFICATION OF HEALTH STATUS

Aug. 6, 2008

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examined IRISH A. TEJANO  
and found him to be physically and mentally fit to undertake graduate studies.

This certification is issued in connection with his/her application for the 2003-2004 DOST-SEI Graduate  
S&T Scholarships (Master of Science Degree Program).

City Health Office  
Health Agency/Hospital  
Pala-o, Iligan City  
Address

JOSEPHINE T. BOMAGUING, M.D.

Official Designation/License No.

CHECKLIST OF REQUIRED DOCUMENTS ATTACHED

To be accomplished by the DOST-SEI Staff only:			
	Certified True Copy of the Transcript of Records		Certification from any government physician as to health status. (Form B)
	Endorsement from two former professors in college		NBI Clearance
	Certificate of Employment (if employed)		One copy of latest photograph, Size "2x2"
Deadline for Submission of Application 15 May 2007			

Certification of Admission in the Straight Program or Regular Program of the University  
Program of study approved by the Graduate School

\* to be submitted as a requirement for the awarding of the graduate scholarship grant once qualified