

Application No. _____

STSD-201.1
Rev. 2/04-06-2022

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

APPLICATION FORM
for the

SCIENCE AND TECHNOLOGY REGIONAL ALLIANCE
OF UNIVERSITIES FOR NATIONAL DEVELOPMENT
(STRAND)

Attach here
1 latest passport
size picture

Academic Year _____
School Term: [] First [] Second [] Third Semester/Term

Form 1. Information Sheet

I. PERSONAL INFORMATION

a.

Last Name ▲First Name ▲Middle Name ▲

b.

Permanent Address ▲No. Street Barangay City/Municipality Province

c.

Zip Code ▲Region ▲District ▲Passport No. ▲E-mail Address ▲

d.

Current Mailing Address ▲

e.

Telephone Nos. (Landline/Mobile) ▲

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
BS				<div><input type="checkbox"/> PSHS <input type="checkbox"/> RA 7687 <input type="checkbox"/> MERIT <input type="checkbox"/> RA 10612 OTHERS:_____</div>	
MS				<div><input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> ERDT <input type="checkbox"/> COUNCIL/SEI OTHERS:_____</div>	
PHD				<div><input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> ERDT <input type="checkbox"/> COUNCIL/SEI OTHERS:_____</div>	

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, or the ERDT Consortium, or CBPSME National Consortium in Graduate Science and Mathematics Education, or in a foreign university with good track record and/or recognized higher education/institution in the specialized field in S&T to be pursued.

STRAND CATEGORY

☐ STRAND 1☐ STRAND 2

TYPE OF APPLICANT (for STRAND 2 only)

☐ Student☐ Faculty

TYPE OF SCHOLARSHIP APPLIED FOR

☐ MS☐ PhD

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

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

Title: _____

Date of last enrolment in thesis/dissertation course: _____

IV. CAREER/EMPLOYMENT INFORMATION

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

a.1 For those who are presently employed*

Position	<input type="text"/>	Length of Service	<input type="text"/>
Name of Company/Office	<input type="text"/>		
Address of Company/Office	<input type="text"/>		
Email	<input type="text"/>	Website	<input type="text"/>
Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>

a.2 For those who are self-employed

Business Name	<input type="text"/>		
Address	<input type="text"/>		
Email/Website	<input type="text"/>	Telephone No.	<input type="text"/>
		Fax No.	<input type="text"/>
Type of Business	<input type="text"/>	Years of Operation	<input type="text"/>

**Once accepted in the scholarship program, the scholar must obtain permission to go on 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. RESEARCH PLANS (Please use Form A)
Briefly discuss your proposed research area/s.

c. CAREER PLANS (Please use Form B)
Discuss your 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	NAME/YEAR OF PUBLICATION	NATURE OF INVOLVEMENT

VII. AWARDS RECEIVED

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

VIII. TRUTHFULNESS OF DATA AND DATA PRIVACY

I hereby certify that all information given above are true and correct to the best of my knowledge. Any misinformation or withholding of information will automatically disqualify me from the program, Project Science and Technology Regional Alliance of Universities for National Development (STRAND). I am willing to refund all the financial benefits received plus appropriate interest if such misinformation is discovered.

Moreover, I hereby authorize the Science Education Institute of the Department of Science and Technology (SEI-DOST) to collect, record, organize, update or modify, retrieve, consult, use, consolidate, block, erase or destruct my personal data that I have provided in relation to my application to this scholarship. I hereby affirm my right to be informed, object to processing, access and rectify, suspend or withdraw my personal data, and be indemnified in case of damages pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Printed Name and Signature of Applicant
Date: _____