Application No.:_____

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

APPLICATION FORM
for the

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)

Attach here
1 latest passport
size picture

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

TYPE OF SCHOLARSHIP APPLIED FOR
☐ MS   ☐ PHD   ☐ 3-Year STRAIGHT-PHD   ☐ 4-Year STRAIGHT PHD
☐ New   ☐ Lateral

GENERAL INSTRUCTIONS:
- Please fill-up the form legibly.
- **Do not leave any blank fields** (State N/A if not applicable to you).
- Have a scanned copy of the complete set of documents in **ONE PDF** file only with the filename following the format: **Lastname_Firstname.pdf**. Ensure that the accomplished application form and other documents are **readable, properly scanned and that the file is not corrupted**.

I. PERSONAL INFORMATION

a.
Last Name ▲   First Name ▲   Middle Name ▲

b.
Complete Permanent Address ▲

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

d.
Current Mailing Address (If different from the permanent address) ▲

e.
Telephone Nos. (Landline/Mobile) ▲

f.
Civil Status ▲   Date of Birth ▲   Age ▲   Sex ▲

g.
Father's Name ▲   Mother's Name ▲

II. EDUCATIONAL BACKGROUND

LEVEL	PERIOD (Year Started – Year Ended)	FIELD	UNIVERSITY/ SCHOOL	SCHOLARSHIP (if applicable)	REMARKS
HS				☐ PSHS OTHERS:_____	
BS				☐ RA 7687 ☐ NSDB/NSTA/MERIT ☐ RA10612 OTHERS:_____	
MS				☐ NSDB/NSTA ☐ ASTHRDP ☐ CBPSME ☐ ERDT ☐ DOST COUNCIL/SEI OTHERS:_____	
PHD				☐ NSDB/NSTA ☐ ASTHRDP ☐ CBPSME ☐ ERDT ☐ DOST 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/ semesters

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

Title	

Date of last enrolment in thesis/dissertation course	

f. Other scholarship program applied for (Please specify.)

IV. CAREER/EMPLOYMENT INFORMATION

a. Present Employment Status

( ) Permanent ( ) Contractual ( ) Probationary
( ) Self-employed ( ) Unemployed

a.1 <u>For those who are presently employed*</u>

Position	

Length of Service	From:	Until:
	(MM-DD-YYYY)	(MM-DD-YYYY) or Present

Name of Company/Office	

Address of Company/Office	

Email		Website	
Telephone No.		Fax No.	

a.2 <u>For those who are self-employed</u>

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 proof of the employer's approval of the LOA.

b. CAREER PLANS
(Please use Form A.) Discuss your future plans after graduation.

V. RESEARCH AND DEVELOPMENT INVOLVEMENT (Last five years)
a. **(**Please use additional sheet if necessary.)

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

b. Briefly discuss your research area/s of interest
(Please use Form B.)

VI. PUBLICATIONS (Last five years)
(Please 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, Accelerated Science and Technology Human Resource Development Program (ASTHRDP). 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: _____

**ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE
DEVELOPMENT PROGRAM (ASTHRDP)**
AY _____

Form A

Name of Applicant _____

Type of Scholarship Applying for   [   ] Master's   [   ] Doctoral

Date _____

CAREER PLANS
In not more than 500 words, discuss your career plans after graduation from your master's/ doctoral degree.

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)
AY _____

Form B

Name of Applicant _____

Type of Scholarship Applying for   [   ] Master's   [   ] Doctoral

Date _____

RESEARCH PLANS
In not more than 500 words, discuss your proposed topic/research area/s of interest for your thesis/dissertation.

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)
AY _____

Form C

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 Accelerated Science and Technology Human Resource Development Program (ASTHRDP).

_____   _____
            Health Agency   Printed Name and Signature of Licensed Physician

_____   _____
              Address   PRC License No.

ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE DEVELOPMENT PROGRAM (ASTHRDP)

CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (for staff use only)
☐ Birth Certificate (Photocopy)
☐ Certified True Copy of the Official Transcript of Records
☐ Endorsement 1 from former professor in college for MS applicant/ former professor in the MS program for PhD applicant
☐ Endorsement 2 from former professor in college for MS applicant/ former professor in the MS program for PhD applicant
If Employed
  ☐ Recommendation from Head of Agency
  ☐ Permission to take a leave of absence (LOA) while on scholarship or proof of resignation or termination of contract
☐ Career Plans (Form A)
☐ Research Plan (Form B)
☐ Medical Certificate stating that applicant is of good health condition and fit to study from a licensed physician with his/her PRC license number indicated (Form C)
☐ Valid NBI Clearance
☐ Letter of Admission **with Regular status** from the Program Head of the accepting institution; include the evaluation sheet.
☐ Approved Program of Study
Additional Requirements for Lateral Applicants
☐ Certification from the university indicating the following:
  • number of graduate units required in the program
  • number of graduate units already earned with corresponding grades