

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

**APPLICATION FORM  
for the  
ACCELERATED SCIENCE & TECHNOLOGY HUMAN RESOURCE  
DEVELOPMENT PROGRAM – NATIONAL SCIENCE CONSORTIUM  
GRADUATE SCIENCE AND TECHNOLOGY SCHOLARSHIPS  
2019-2020  
Academic Year**

Attach here  
1 latest passport  
size picture

**TYPE OF SCHOLARSHIP APPLIED FOR**

- MS                       PHD                       THESIS                       DISSERTATION

**I. PERSONAL INFORMATION**

a.  Last Name ▲                       First Name ▲                       Middle Name ▲

b.  Complete Permanent Address ▲

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**

LEVEL	PERIOD (Year Started – Year Ended)	DEGREE COMPLETED	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"/> JLAP 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**

*(Note: An applicant for a graduate program should elect to go to another university if he/she earned his/her 1<sup>st</sup> (BS) and/or 2<sup>nd</sup> (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/semes

**Applicant for Thesis/Dissertation Grant (Please fill-up also information for Lateral Applicant)**

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

Title

*Attach copy of approval sheet of thesis/dissertation proposal and detailed line-item-budget.*

Date of last enrolment for thesis/dissertation



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2019-2020  
Academic Year**

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**CAREER PLANS**

b.1) Briefly discuss your proposed research area/s

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b.2) Future Plans (After Graduation)