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

APPLICATION FORM
for the
Capacity Building Program in Science and Mathematics Education

Form 1. Information Sheet

I. PERSONAL DATA

1. Name of Applicant: ____________________________________________
   Last Name       First Name       Middle Name

2. Permanent Address: ____________________________________________
   No.                Street         District
   City/Municipality  Province      Zip Code       Region

3. E-mail address:__________  4. Residence Phone No: ____________
5. Cellphone No.: ____________  6. Fax No.: ___________________
7. Sex: _____ Female       _____ Male
   Age: _____  9. Nationality: __________________
8. Date of Birth: ____________  11. Place of Birth: ____________
10. If married, Spouse’s Name: __________________________________
    Occupation: _______________________________________________
    Business Address: ___________________________________________
    Phone No.: ________________  No. of Children: ________

II. EMPLOYMENT DATA

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

   a.1 If currently employed

       Position: ________________________________  Length of Service: _______

       Name of Institution*: ________________________________

       Address of Institution: _______________________________

       Head of Institution: _________________________________

       Telephone No.: ________________  Fax No: ________________

*If employed by the Department of Education (DepEd), please accomplish Form 2A.
a. Employment History (if previously employed)

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION/COMPANY</th>
<th>DATE OF EMPLOYMENT</th>
<th>POSITION</th>
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<tbody>
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*Please attach copy of Service Records or Certificate/s of Employment

III. CAREER PLANS (Write in the attached sheet)

A. Discuss your proposed topic/research area of interest between 250-500 words (Annex A)

B. Discuss your future plans after graduation in not more than 250 words (Annex B)

IV. DOST-SEI SCHOLARSHIP PROGRAM INFORMATION

13. If you have previously availed of any of the DOST-SEI scholarship program, please indicate below:

<table>
<thead>
<tr>
<th>Program (put a check)</th>
<th>Year of Scholarship Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 7687</td>
<td>_________________________</td>
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<tr>
<td>Merit</td>
<td>_________________________</td>
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<tr>
<td>Project 8102 Ed/9001 Ed</td>
<td>_________________________</td>
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<tr>
<td>JLSS (JLAP)</td>
<td>_________________________</td>
</tr>
<tr>
<td>Faculty Development Program for Teacher Education Institutions (TEIs)</td>
<td>_________________________</td>
</tr>
<tr>
<td>ASTHRDP-Science Education</td>
<td>_________________________</td>
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<tr>
<td>NCGSME</td>
<td>_________________________</td>
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</table>

V. EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>SCHOOL</th>
<th>DEGREE EARNED</th>
<th>YEAR GRADUATED</th>
<th>GENERAL WEIGHTED AVERAGE (GWA)</th>
<th>HONORS RECEIVED</th>
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</thead>
<tbody>
<tr>
<td>Baccalaureate</td>
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<td>Master's</td>
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<tr>
<td>Title of Thesis</td>
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*Please attach Certified True Copy of Transcript of Records.
VI. SCHOLARSHIP INTENTION

14. Applying for which type of Graduate Scholarship Program?

__________ Master’s
__________ PhD
__________ Thesis Grant
__________ Dissertation Grant

15. Field of Specialization: __________________ (Refer to the brochure and specify)

16. University you intend to enroll (You are advised to seek admission at the university where you intend to enroll):

______ Ateneo de Manila University
______ Bicol University
______ Central Luzon State University
______ Cebu Normal University
______ De La Salle University
______ Leyte Normal University
______ Mariano Marcos State University
______ MSU-IIT
______ MSU-Marawi
______ Philippine Normal University
______ Saint Mary’s University
______ University of San Carlos
______ UP Open University
______ UP College of Education
______ Western Mindanao State University
______ West Visayas State University

17. Have you been admitted to the Graduate School at any of the identified universities?

______ Yes   _____ No   If Yes, when? _____________________

___________________________________________________________________________
___________________________________________________________________________

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

- The topic will be presented to the research adviser for proposal defense and final approval of the panel to determine and recommend an enabling mechanism for the student to complete the degree program on time. The research proposal has to meet the priority thrusts identified in the DOST National Science and Technology Plan (NSTP).
VII. RESEARCH INVOLVEMENT (last three years)
Use additional sheet if necessary

<table>
<thead>
<tr>
<th>AREA AND TITLE OF RESEARCH</th>
<th>LOCATION/DURATION</th>
<th>FUND SOURCE</th>
<th>NATURE OF INVOLVEMENT</th>
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VIII. PUBLICATIONS
Use additional sheet if necessary

<table>
<thead>
<tr>
<th>TITLE OF ARTICLE/PUBLICATION</th>
<th>PLACE/YEAR OF PUBLICATION</th>
<th>NATURE OF INVOLVEMENT</th>
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IX. AWARDS AND RECOGNITION RECEIVED

<table>
<thead>
<tr>
<th>TITLE OF AWARD</th>
<th>AWARD GIVING BODY</th>
<th>YEAR OF AWARD</th>
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I hereby certify to the truthfulness and completeness of the information provided. Any misinformation or withholding of information will automatically disqualify me from the program, Capacity Building Program in Science and Mathematics Education. I am willing to refund all the financial benefits received plus appropriate interest if such misinformation is discovered.

___________________________
Signature over Printed Name of Applicant

___________________________
Date
CERTIFICATE OF DEPED EMPLOYMENT, AND PERMIT TO STUDY

This is to certify that Ms/Mr. __________________________, an applicant for CBPSME 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 # _______

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Form 2 B (For employed non DepEd applicants)

CERTIFICATE OF EMPLOYMENT, AND PERMIT TO STUDY

This is to certify that Ms./Mr. __________________________, an applicant for CBPSME scholarship program has a permanent employment status under the ______________________.

Name of School/Institution

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
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 Capacity Building Program in Science and Mathematics Education.

____________________

Health Agency

____________________

Name (Print) and Signature of Licensed Physician

____________________

Address

____________________

PRC License No.

CHECKLIST OF DOCUMENTS TO BE SUBMITTED

| Accomplished Information Sheet (Form 1) |
| Certified Copy of Transcript of Records (TOR) |
| Recommendation letter from 2 former professors |
| Certificate of DepEd employment with a permanent employment status, permitted to take a leave of absence and commitment for full release from institutional responsibilities for the entire duration of the program (Form 2A) |
| Certificate of employment with a permanent employment status, permitted to take a leave of absence and commitment for full release from institutional responsibilities for the entire duration of the program, if employed (Form 2B) |
| Commitment to complete the degree |
| One (1) copy of 2 x 2 recent pictures |
| Birth Certificate (Photocopy) |
| Medical Certificate (Form 3) |