

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
- TYPE OF ENTRY:**  
 New                       Lateral (with graduate units earned)

- GENERAL INSTRUCTIONS:**
- Please fill-up the form legibly and completely in CAPITAL LETTERS.
  - **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 files are 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 (ex. BS Physics, MS Mathematics, PhD Chemistry)	UNIVERSITY/ SCHOOL	SCHOLARSHIP (if applicable)	REMARKS
HS				<input type="checkbox"/> PSHS OTHERS: _____	
BS				<input type="checkbox"/> RA 7687 <input type="checkbox"/> NSDB/NSTA/MERIT <input type="checkbox"/> RA10612 OTHERS: _____	
MS				<input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> CBPSME <input type="checkbox"/> ERDT <input type="checkbox"/> STRAND <input type="checkbox"/> DOST Foreign Graduate Scholarship <input type="checkbox"/> DOST COUNCIL/SEI OTHERS: _____	
PHD				<input type="checkbox"/> NSDB/NSTA <input type="checkbox"/> ASTHRDP <input type="checkbox"/> CBPSME <input type="checkbox"/> ERDT <input type="checkbox"/> STRAND <input type="checkbox"/> DOST Foreign Graduate Scholarship <input type="checkbox"/> DOST COUNCIL/SEI OTHERS: _____	

**III. GRADUATE SCHOLARSHIP INTENTIONS DATA**  
(Note: An applicant for a graduate program may 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/ 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 For those who are presently employed\***

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 For those who are self-employed**

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**

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

**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: \_\_\_\_\_

Application No.: \_\_\_\_\_

**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**

Discuss your career plans after graduation from your master's/ doctoral degree in not more than 500 words.

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AY \_\_\_\_\_**

**Form B**

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

Type of Scholarship Applying for     Master's         Doctoral

Date \_\_\_\_\_

**RESEARCH PLANS**

Discuss your proposed topic/research area/s of interest for your thesis/dissertation in not more than 500 words.

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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 (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