

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/Trimester

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

**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 1<sup>st</sup> (BS) and/or 2<sup>nd</sup> (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, i.e., ADMU, CLSU, DLSU, MSU-IIT, UPD, UPLB, UPM, UPV, USC, UST and VSU; or the ERDT Consortium, i.e., ADMU, CLSU, DLSU, MIT, MSU-IIT, TIP-QC, TIP-Manila, UPD, UPLB, and USC.

<b>STRAND CATEGORY</b> <input type="checkbox"/> STRAND 1 <input type="checkbox"/> STRAND 2	<b>TYPE OF APPLICANT</b> (for STRAND 2 only) <input type="checkbox"/> Student <input type="checkbox"/> Faculty	<b>TYPE OF SCHOLARSHIP APPLIED FOR</b> <input type="checkbox"/> MS <input type="checkbox"/> PhD
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**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**VI. PUBLICATIONS (last five years)**

Use additional sheet if necessary.

TITLE OF ARTICLE	NAME/YEAR OF PUBLICATION	NATURE OF INVOLVEMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**VII. AWARDS RECEIVED**

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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**

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

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

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

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

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

**FORM A. RESEARCH PLANS**

Discuss your proposed research area/s in not more than 500 words

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**FORM B. CAREER PLANS**

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

**Form 2A (For those who are currently employed)**

**CERTIFICATION OF EMPLOYMENT AND PERMIT TO STUDY**

**Instructions to the Applicant:** Please complete this form and give this to the Head of the Institution/Supervisor for certification. Enclose the accomplished form in your application.

***This is to certify that the person whose name appears below is employed in the institution as indicated but is allowed to go on a leave of absence should he/she qualify for a scholarship under Project STRAND.***

Name of Applicant:

\_\_\_\_\_ (Last Name) (First Name) (Middle Name)

Designation: \_\_\_\_\_

Sending Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Program Applied for: \_\_\_\_\_

Issued upon the request of the applicant as a requirement for application DOST-SEI Graduate Scholarship under the Science and Technology Regional Alliance for Inclusive National Development (STRAND).

Signature of the Head of Institution: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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**Form 2B (For employees of the Department of Education)**

**CERTIFICATE OF DEPED EMPLOYMENT, AND PERMIT TO STUDY**

This is to certify that Ms/Mr. \_\_\_\_\_, an applicant for STRAND 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 # \_\_\_\_\_*

**Additional Process for DepEd Teacher-Applicants**

- DOST-SEI endorses to DepEd the list of names of potential qualifiers from DepEd who are teaching and non-teaching personnel with at least five (5) years in the service and with at least very satisfactory performance rating to the last two years per DepEd D.O 68 s.2009.
- DepEd issues potential qualifier Certification re-Permit to go on Leave with Compensation.
- DepEd endorses to DOST-SEI the list of qualified DepEd teachers and non-teaching personnel for final approval of the DOST Secretary.

\_\_\_\_\_ Date

**CERTIFICATION OF HEALTH STATUS**

TO WHOM IT MAY CONCERN:

This is to certify that I have examined \_\_\_\_\_ and found him/her to be physically fit to undertake the graduate studies.

This certification is issued in connection with his/her application for the DOST-SEI Graduate Scholarship under the Science and Technology Regional Alliance for Inclusive National Development (STRAND).

\_\_\_\_\_ Name of Health Agency

\_\_\_\_\_ Name (Print) and Signature of Medical Officer

\_\_\_\_\_ Address

\_\_\_\_\_ Official Designation/License No.

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

**CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (for staff use only)**

- Birth Certificate (Photocopy)
- Certified True Copy of the Official Transcript of Record
- Endorsement 1 former professor in college for MS applicant/former professor in the MS program for PhD applicant
- Endorsement 2 former professor in college for MS applicant/former professor in the MS program for PhD applicant
- If Employed:**
  - Recommendation from Head of Agency
  - Form 2A – Certificate of Employment and Permit to Study
  - Form 2B – Certificate of DepEd Employment and Permit to Study (*for DepEd employees only*)
- Form A – Career Plans
- Form B – Research Plans
- Form 3 – Certification of Health Status
- Valid NBI Clearance
- Letter of Admission with **Regular status** from the Program Head of the accepting institution; should 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

**Distribution of Universities by Type of STRAND**

STRAND 1	STRAND 2
BatStateU, CSU, EVSU, PSU	BatStateU, CMU, MMSU, MSU-MARAWI, NVSU, SLU, USEP, USTP-CDO