Rev. 7/03-28-2023

Attach here
1 latest passport

\*THE CONSORTIUM PROHIBITS THE FILING OF MULTIPLE APPLICATIONS.

\*\*THOSE WHO WERE GRANTEES OF THE DOST-SEI JLSS-RA 10612 PROGRAM ARE NOT ALLOWED TO APPLY UNLESS HAVE COMPLETED THE RETURN SERVICE.

Civil Status



#### **APPLICATION FORM**

Academic Year			size picture
School Term: [ ] First [ ] Second [ ]	Third Semester/Term		
TYPE OF SCHOLARSHIP APPLIED FOR:			
MS Ph.D. BS-MS	Straight Program M.Eng.	Straight Ph.D.	
TYPE OF ENTRY:			
NEW LATERAL (with gradua	te units earned)		
GENERAL INSTRUCTIONS:			
<ul> <li>Please fill-out the form legibly and cor</li> </ul>	mpletely.		
<ul> <li>Kindly write in BLOCK LETTERS</li> </ul>			
Do not leave any blank fields (State N		and the state of the same of all and the state of the sta	
		e only with the filename following the form eadable, properly scanned and that the files	
		property seatified and that the files	
QUALIFICATIONS:			
<ol> <li>Must be a Filipino Citizen;</li> <li>Must not be over 50 years of age at</li> </ol>	t the time of application:		
	ing or related field (for MS applicants)	:	
	ering or related field (for PhD applicar		
5. Must be in good health as attested			
6. Must not have criminal/administrate	tive cases;		
7. Must be enrolled as a full-time grad			
·		ms and conditions of the ERDT Scholarship A	<del>-</del>
		asis for a minimum period equivalent to the	length of time that the
	one year of service for every year of so	nolarship or a fraction thereof; and ngaged in any form of employment during th	ne scholarshin
CHECKLIST OF REQUIRED DOCUMENTS	(for staff use only)		
☐ Birth Certificate (photocopy)			
☐ Certified True Copy of the Official T			
☐ Recommendation letters from 3 pa	st professors/supervisors (see attache	ed sheet)	
□ Narrative essays (see page 3) □ Medical Cartificate stating that the	applicant is physically and mentally fi	t to study from a licensed physician with his,	/har DRC licance number
indicated (see attached medical cer		t to study from a ficensed physician with fils/	Her FAC license number
☐ Valid NBI Clearance	, e,		
☐ Letter of Admission with Regular st	tatus from the Program Head of the a	ccepting institution; include the evaluation s	heet
☐ Approved Program of Study			
If Employed:			
		oof of resignation or termination of contract	
Certificate of no pending administ			
Additional Requirements for Lateral A  Certification from the university ir			
number of graduate units requi			
	dy earned with corresponding grades		
,	2, 11 11 11 11 11 11 11 11 11 11 11 11 11		
I. PERSONAL INFORMATION			
a.			
Last Name	First Name	Middle Name	Suffix (Jr., II)
b.			
Complete Permanent Address			
c.			
	5.4.14		
Zip Code Region	District E-Mail Ac	daress	1
d			
Current Mailing Address (if different f	from the permanent address)		
e.			
Telephone Nos. (Landline/Mobile)			
f [			
1. [	į daras ir d		i

Date of Birth (mm/dd/yyyy)

Sex

Age

g.							
Father's Name Mother's Name							
	ergency Co		n:				
	nplete Nam						
	nplete Addı ationship	ress					
	ntact Numb	er					
II. ACAD	EMIC BACK	GROUND					
	II. ACADEMIC BACKGROUND  PERIOD  SCHOLARSHIP						
LEVEL	Year Started	Year Ended	FIELD	UNIVERSITY/SCHOOL	(if applicable)	REMARKS	
HS					□ PSHS □ OTHERS:		
					□ RA 7687		
BS					☐ NSDB/NSTA/MERIT ☐ RA 10612**		
					□ OTHERS:		
ı					☐ NSDB/NSTA ☐ ASTHRDP		
					☐ CBPSME		
MS					☐ ERDT ☐ STRAND		
					☐ FGS ☐ DOST COUNCIL/SEI		
					☐ OTHERS:		
					□ NSDB/NSTA		
					☐ ASTHRDP ☐ CBPSME		
PHD					☐ ERDT ☐ STRAND		
					☐ FGS		
					☐ DOST COUNCIL/SEI OTHERS:		
III CDAI	DIIATE SCH	OI ADSHID I	NTENTIONS DATA				
				to another university if he/she earned	his/her 1st (BS) and/or 2nd (MS)	degrees from the	
same un	iversity to	avoid inbre	eding.)				
New Ap	•						
2	a. University where you applied/ intend to enroll for graduate studies						
b. Co	ourse/Degre	ee					
c. Did you apply to other consortium member-universities? *							
Lateral Applicant  a. University enrolled in							
b. Co	ourse/Degre	ee					
	. •		d in the program	d. No. of units earned	e. No. of remaining u	nits	
g. Date of last enrolment in thesis/dissertation course							
h. Other scholarship program applied for (please specify)							
IV. CARE	IV. CAREER/EMPLOYMENT INFORMATION						
a. Present Employment Status Permanent Contractual Probationary Self-employed Unemployed							
a.1 For those who are presently employed***							
P	Position						
L	ength of Se	rvice	From: (N	1M-DD-YYYY)	Until: (MM-DI	D-YYYY)	
N	Name of Co	mpany/Offi	ce				
A	Address of Company/Office						
E	mail			Website			
Т	Telephone No. Fax No.						
April 10 m							
	***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.						

Emplo	yment	History
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Period (MM/YYYY)		Full-Tim	Full-Time (F) or							
From To Part-Time (P)				Name	e of Employer	Titl	Title/Position			
		10 2.5 1 ()								
	For those v	uho are self emple	d							
a.2		vho are self-emplo	yea							
	Business N	ame								
	Address									
	Email					Website				
	Telephone	No.				Fax No.				
	Type of Bus	siness				Years of O	peration			
\/ D(							p			
V. PC	OST-GRADUA	ATE STUDIES		T			Τ		-	
	Na	me of Institution			Locati	on	Degree Received	Enrollment (MM/YYYY)		
								From	Until	
VI. S	CHOLASTIC I	HONORS & AWARD	OS RECEIVED							
				1						
		Title of Award	<u> </u>			Award Giv	ring Body	Date F	Received	
VII I	DECENT COL	NTIFIC DUBLICATIO	NIC (DONE WIT	FLUNI TUE I	ACT FIVE	VEADC)				
VII. I	RECEIVI SCIE	NTIFIC PUBLICATIO	INS (DOINE WIT	I MIIN I ME I	LASI FIVE	reaks)				
		Title of Paper	•		Title of Publication		Date Published			
							(7.7.7.)			
VIII.	RECENT SCIE	NTIFIC CONFEREN	CE PRESENTAT	IONS (DO	NE WITHIN	THE LAST FIVE Y	(EARS)			
Title of Paper				Name of Conference			Date Presented			
IX. OTHER QUALIFICATIONS (MEMBERSHIP TO PROFESSIONAL ORGANIZATIONS, ELIGIBILITIES, PROFESSIONAL LICENSE, ETC.)										
X. RESEARCH & CAREER PLANS										
Write on a separate paper (minimum of 300 words and maximum of 1000 words for essay 1 & 2) the following:										
_	A description of the current work or project or undergraduate research that have been done (for those who have just graduated from									
Essa	Essay 1  BS degree) or graduate research that have been done (for those applying for the doctoral program).									
Essa										
Essa	Intended research work to be done while in the graduate program. This research proposal should include the following components: problem statement, significance of the research, brief literature review, outlined methodology, and Gantt chart. Note that Year 1 is usually devoted to doing course work; make a research timeline for one (1) year for the master's degree and two (2) years for doctoral degree of study.									
XI. R	EFERENCES									
		Name			Company of Affiliation & Address			Contact Number/s		
								1		

### XII. TRUTHFULNESS OF DATA AND DATA PRIVACY

, ,	ue and correct to the best of my knowledge. Any misinformation or withholding of , Engineering Research and Development for Technology (ERDT). I am willing to refund ch misinformation is discovered.
organize, update or modify, retrieve, consult, use, consolidate application to this scholarship. I hereby affirm my right to be	istitute of the Department of Science and Technology (SEI-DOST) to collect, record, te, block, erase or destruct my personal data that I have provided in relation to my informed, object to processing, access and rectify, suspend or withdraw my personal rovisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and
	Printed Name and Signature of Applicant
	Date:
How did you know about the ERDT scholarship?	
University/campus roadshow	
Website	
ERDT scholar	
Others (please specify)	



## LETTER OF RECOMMENDATION

## ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP

APPLICANT'S INFORMATION To be filled out by the applicant
Last Name
Given Name
Middle Name Maiden Name for married female applicants
Degree Applied For
<b>Note to the Applicant:</b> Ask the recommender to enclose this form in a sealed envelope, with his/her signature written across the seal. The envelope must be submitted with its seal unbroken together with the rest of your application materials to the ERDT Office.
APPLICANT'S EVALUATION To be filled out by the recommender
<b>Note to the Recommender:</b> Any pertinent information regarding the applicant and your evaluation of the applicant's ability to undertake graduate studies and research will be held in strict confidence.
How long have you known the applicant?
In what capacity have you known the applicant?
If the applicant was a student in some of your classes, what were these subjects?
What do you consider as the applicant's outstanding talents or strengths in relation to graduate study?
What do you consider as his/her weakness or deficiencies in relation to graduate study?
Please rate the applicant on the following characteristics in comparison with other students in the same disciplines who are known to you and who have had more or less the same amount of training and experience. Indicate size of the group with which applicant is being compared and its educational level.
Group Size Educational Level

		Excellent	Above Average	Average	Below Average	No Basis
1.	Intellectual ability					
2.	Academic preparation for proposed field of study					
3.	Motivation for proposed field of study					
4.	Originally, creativity & imagination					
5.	Analytical & problem-solving ability					
6.	Initiative and independence					
7.	Honesty & integrity					
8.	Conscientiousness & ability to work independently					
9.	Ability to work with others					
10.	Oral communication skills					
11.	Written communication skills					
12.	Emotional maturity					
13.	Potential as a researcher in the discipline					
14.	Potential as a teacher in the discipline					
Additional information and comments about the applicants (please use a separate sheet of paper, if necessary).  I therefore strongly recommend recommend recommend with reservations do not recommend the applicant for the scholarship program.  Signature over Printed Name Date						
the	e applicant for the scholarship program.					
the	c applicant for the scholarship program.  COMMENDER'S INFORMATION					
the	c applicant for the scholarship program.  COMMENDER'S INFORMATION		e over Printe	ed Name		
the RE	c applicant for the scholarship program.  COMMENDER'S INFORMATION		e over Printe			
RE Title	COMMENDER'S INFORMATION Engr./Dr./Prof.		e over Printe	ed Name		
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# ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM

#### **MEDICAL CERTIFICATE**

	Date
TO WHOM IT MAY CONCERN:	
This is to certify that I have examin	
him/her to be physically and mentally fit to	(Name of Applicant) o undergo graduate studies.
	ection with his/her application for scholarship under ering Research and Development for Technology
Health Agency	Name (Print) and Signature of Licensed Physician
Address	PRC License No.