



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

ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM

Attach here 1 latest passport size picture

APPLICATION FORM

TYPE OF SCHOLARSHIP APPLIED FOR:

- NEW LATERAL
- MS BS-MS Straight Program MEng PhD Straight PhD

LAST NAME

GIVEN NAME

MIDDLE / MAIDEN NAME

Program of Study: _____ (e.g., Civil Engineering)

Research Areas of Interest: (1) _____

(2) _____

(3) _____

QUALIFICATIONS:

1. Must be a Filipino Citizen
2. Must not be over 50 years of age at the time of application
3. Must have a BS degree in engineering or related field (for MS applicants)
4. Must have an MS degree in engineering or related field (for PhD applicants)
5. Must be in good health as attested by medical certificate
6. Must not have criminal/administrative cases
7. Must be enrolled as a full-time graduate student
8. Must not have other scholarship contract that will interfere with the terms and conditions of the ERDT Scholarship Agreement
9. Must be willing to render the required service obligation equivalent to the length of time that the scholar enjoyed the scholarship – One year of service for every year of scholarship or a fraction thereof
10. Must have a full-time commitment to the scholarship and must not be engaged in any form of employment during the scholarship.

CHECKLIST OF REQUIRED DOCUMENTS (for staff use only)

- Narrative essays (see page 4)
- Recommendation letter from 3 past professors/supervisors (see attached sheet)
- Certified True Copy of Grades (TCG)/Transcript of Records (TOR)
- If employed:**
 - Permission to take a Leave of Absence (LOA) while on scholarship or Proof of resignation or termination of contract.
 - Certificate of No Pending Administrative Case
 - Birth Certificate (photocopy)
 - Medical Certificate stating that the applicant is physically and mentally fit to study from a licensed physician with his/her PRC license number indicated (see attached medical cert. form)
 - Valid NBI Clearance
 - Acceptance Letter/Notice of Admission from the Graduate School
 - 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

I. GRADUATE SCHOLARSHIP INTENTIONS DATA

- 1.a University where you intend to enroll for graduate studies: _____
- 1.b. Intended start of program of study: () First Semester () Second Semester AY _____ - _____
- 1.c. Are you applying for another scholarship grant? () YES () NO
If yes, kindly specify the name of the scholarship program: _____
- 1.d. For Lateral Applicant:
1.d.1. When did you start your graduate study? () First Semester () Second Semester AY _____ - _____
1.d.2. Total number of units required in the program: ___ Number of units earned: ___ GWA: ___ Number of remaining units: ___

II. PERSONAL INFORMATION Kindly write in BLOCK LETTERS

2.a. Last Name Male Female Age
 Given Name Birth Date (MM/DD/YY)
 Middle Name Birth Place
 Maiden Name for married female applicants Civil Status
 Country of Origin Citizenship

2.b. Complete Current Address
 No P.O. Box Street, Village, Town, Province
 Zip Code Region Country

Complete Permanent Address
 Street, Village, Town, Province
 Zip Code Region Country

2.c. Contact Number/s

 E-mail Address

2.d. Father's Name
 Mother's Name Write the Maiden NAME.

2.e. Emergency Contact Person
 Complete Name
 Complete Address
 Relationship
 Contact Number

III. EMPLOYMENT INFORMATION

3.a. Current Employment Status Self-Employed Employed Full-Time Employed Part-Time Unemployed

3.b. Currently Employed Applicants (Full-Time/Part-Time)
 Position Length of Service
 Company Name Telephone Number/s
 Office Address
 E-mail Address Company Website

3.c. Self-Employed Applicants
 Business Name
 Business Address
 E-mail/Website Telephone Number
 Type of Business Years of Operation

3.d. Employment History

Period (MM/YYYY)		Full-Time (F) or Part-Time (P)	Name of Employer	Title/Position
From	To			

IV. ACADEMIC BACKGROUND

4.a. SECONDARY EDUCATION

Last High School Attended _____ Date Started /
 School Name Date Graduated /
 School Address

4.b. TERTIARY EDUCATION

Name of University/School	Location	Degree Received	Enrollment (MM/YYYY)	
			From	Until

DOST-SEI SCHOLARSHIP PROGRAM INFORMATION:

If you have previously availed of any of the DOST-SEI scholarship program, please indicate below (put a check):

<u>Scholarship Program</u>	<u>Year of Award/Graduated</u>	<u>Course /School</u>
___ Merit	_____	_____
___ RA 7687	_____	_____
___ RA 10612	_____	_____ ++
___ ERDT	_____	_____
___ Others	_____	_____

4.c. POST-GRADUATE STUDIES

Name of Institution	Location	Degree Received	Enrollment (MM/YYYY)	
			From	Until

4.d. SCHOLASTIC HONORS & AWARDS RECEIVED

Title	Awarding Institution	Date Received

4.e. RECENT SCIENTIFIC PUBLICATIONS (DONE WITHIN THE LAST FIVE YEARS)

Title of Paper	Title of Publication	Date Published

4.f. RECENT SCIENTIFIC CONFERENCE PRESENTATIONS (DONE WITHIN THE LAST FIVE YEARS)

Title of Paper	Name of Conference	Date Presented

4.g. OTHER QUALIFICATIONS (MEMBERSHIP TO PROFESSIONAL ORGANIZATIONS, ELIGIBILITIES/CERTIFICATES, PROFESSIONAL LICENSE, ETC)

V. RESEARCH & CAREER PLANS

Write on a separate paper (minimum of 300 words and maximum of 1000 words for essay 1 & 2) the following:

Essay 1	A description of the current work or project or undergraduate research that have been done (for those who have just graduated from BS degree) or graduate research that have been done (for those applying for the doctoral program).
Essay 2	Future plans after graduation from the applied graduate program.
Essay 3	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.

VI. REFERENCES

Name	Company of Affiliation & Address	Contact Number/s

VII. APPLICANT'S DECLARATION

I declare that the information supplied in this application and the documentation supporting it are true and complete. I acknowledge that the provision of incorrect information or documentation relating to my application may result in cancellation of admission or enrolment. If admitted, I solemnly agree to abide by the rules and regulations of ERDT Scholarship Program, the College of Engineering and the University. 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 identified in case of damages pursuant of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

_____ Signature Over Printed Name

_____ Date

VIII. ERDT Scholarship Survey

How did you know about the ERDT scholarship?

University/campus roadshow	<input type="checkbox"/>
Website	<input type="checkbox"/>
ERDT scholar	<input type="checkbox"/>
Others (please specify)	<input type="checkbox"/>



ERDT

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

Note to the Applicant: 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

Note to the Recommender: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Academic preparation for proposed field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Motivation for proposed field of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Originally, creativity & imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Analytical & problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Honesty & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Conscientiousness & ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Potential as a researcher in the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Potential as a teacher in the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RECOMMENDER'S INFORMATION

Title *Engr./Dr./Prof.*

Given Name

Middle Initial

Last Name

Affiliated Organization

Position in Organization

Address of Organization

Highest Educational Attainment



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TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM**

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 Engineering Research and Development for Technology (ERDT).

Health Agency

Name (Print) and Signature of Licensed
Physician

Address

PRC License No.