

ENGINEERING RESEARCH AND DEVELOPMENT FOR TECHNOLOGY (ERDT) SCHOLARSHIP PROGRAM

Attach here 1 latest passport size picture

APPLICATION FORM

| YPE OF SCHOLARSHIP APPLIED FOR: MS PhD | |
|--|-------------------|
| MS PhD | |
| warmana of Charles | |
| rogram of Study:(e.g., Civil Engineering) | |
| | |
| esearch Areas of Interest: (1)(2) | |
| (3) | |
| UALIFICATIONS: 1. Must be a Filipino Citizen | |
| 2. Must not be over 45 years of age | |
| 3. Must have a BS degree in engineering or related field (for MS applicants) | |
| 4. Must have a MS degree in engineering or related field (for PhD applicants) | |
| 5. Must be in good health | |
| 6. Must not have criminal/administrative cases (NBI certification is required) | |
| 7. Must be enrolled as a full-time graduate student8. Must not have other scholarship contract | |
| 9. Must be willing to render the required service obligation equivalent to the ler | nath of time that |
| the scholar enjoyed the scholarship – One year of service for every year of scholarship thereof | |
| 10. Must have a full-time commitment to the scholarship and must not be engaging | ed in any form of |
| employment during the scholarship. | |
| Deadline of Submission of Application: First Trimester – March 31 | |
| Second Trimester – July 31 Third Trimester – October 31 | |
| Time Timester – October 31 | |
| ☐ Curriculum Vitae☐ Birth Certificate (Photocopy)☐ Certified True Copy of Grades/Transcript of Records | |
| Recommendation letter from 3 past professors or supervisors (see attached shee | t) |
| ☐ Narrative essays (Career plans) | |
| If employed, must be recommended by the head of agency and secure permission | n to take a leave |
| of absence while on scholarship Medical Certificate as to health status from a licensed physician indicating PRC Licensed | rense No |
| ☐ Valid NBI Clearance | |
| One passport size picture | |
| INFORMATION SHEET | |
| PERSONAL INFORMATION | |
| | |
| Last Name First Name Middle N | Name |
| . That wante | |
| Permanent Address: No. Street City/Municipality F | Province |
| | |
| Zip Code Region District Passport No. E-mail address | |

| u. | | | |
|------------|--------------------------------------|---|--|
| e. [| Current Mailing A | Address | |
| c . | | | |
| £ , | Telephone Nos. (| (Landline/Mobile) | |
| f. [| | | |
| ~ . | Civil Status | Date of Birth Age Sex | |
| g. | | | |
| г | Name of Parents | (Mother) | |
| | | | |
| | Address | | |
| | ew Applicant | you applied/intend to studies | |
| b. | Course/Degree | | |
| La a. | ateral Applicant University Enrolled | d in | |
| b. | Course/Degree | | |
| C. | Number of units earned | d. GWA of remaining terms terms | |
| a. c | D . F . | | |
| <u>a</u> | | presently employed | |
| | Position | ength of Service | |
| | Name of Compar | ny/Office | |
| | Address of Comp | pany/Office | |
| | E-mail | Website | |
| | Telephone No. | Fax No. | |
| <u>a</u> | .2 For those who are | self-employed | |
| | Business Name | | |
| | Address | | |
| | Email/Website | Tel.No. | |
| | Type of Business | Years of Operation | |
| | from his/her en | d into the scholarship program, the scholar must obtain permission to take a lea nployer and become a full –time student. The scholar must submit a letter/ certifi er agreeing to the leave. | |

b. CARRER PLANS (Write in a separate paper)

b1. A narrative, not more than 1000 words, describing your current work or a project(or research) that you worked on and your contribution towards the completion of the project.

| h2 | Future | Plans | (Δfter | Gradi | ıation |
|-----|---------------|--------|--------|-------|--------|
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b3. For PhD applicants, a narrative describing your intended research area

IV. RESEARCH AND DEVELOPMENT INVOLVEMENT (last five years)

Use additional sheet if necessary. NATURE OF FIELD AND TITLE OF RESEARCH LOCATION/DURATION **FUND SOURCE** INVOLVEMENT

| . PUBLICATIONS (last five years) Use additional sheet if necessary. | | | · | |
|--|----------------------|-------------------|---------------------------|--|
| TITLE OF ARTICLE/PUBLICATION | PLACE/YEAR | OF PUBLICATION | NATURE OF INVOLVEMENT | |
| | | | | |
| | | | | |
| | | | | |
| I. AWARDS RECEIVED Use additional sheet if necessary. | | | | |
| TITLE OF AWARD | AWARD (| GIVING BODY | YEAR OF AWARD | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that all information | n given above are tr | ue and correct to | the best of my knowledge. | |
| | | | | |
| | | Sigi | nature of Applicant | |
| | | Dat | re | |
| How did you know ERDT? | | | | |
| - University/campus roadshow- Friend- ERDT scholar | | | | |

Please submit this form with together with the requirements to: GCOE Dean's Office, Room V151 Velasco Building, De La Salle University

- others (please specify):_____