Revised 2026 PASE Application Form

Republic of the Philippines
Bangsamoro Autonomous Region in Muslim Mindanao
MINISTRY OF SCIENCE AND TECHNOLOGY
Bangsamoro Government Center, Cotabato City

Attach here 1 latest passport Size picture

APPLICATION FORM
for the

POST-GRADUATE ASSISTANCE FOR SCIENCE EDUCATION

Academic Year: _____
No. of years required of Academic Program: 2 years ☐ 3years ☐

GENERAL INSTRUCTIONS:

TYPE OF SCHOLARSHIP APPLIED FOR:

☐ MS ☐ PHD

- *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: **Last name, First name.***
- *Ensure that the accomplished application form and other documents are **readable, properly scanned and that the files are not corrupted**.*

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I.

Last Name	*First Name*	*Middle Name*

PERSONAL INFORMATION:

a.

b.

Complete Permanent Address

c..

Zip Code	Region	Province	Passport No.	E-mail Address

Current Mailing Address (If different from the permanent address:

d.

Telephone Nos. (Landline/Mobile)

	Male		Single				
	Female		Married	Month	Date	Year	
Sex Civil Status				Date of Birth		Age	

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	REMARKS
HS				
BS				
MS				
PHD				

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 1st (BS) and/or 2nd (MS) degrees from the same university to avoid inbreeding.*

Applicant

a. University where you applied/intend to Enrol for graduate studies

b. Course/Degree

c. School address and contact number

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: (MM-DD-YYYY) Present

Name of Company/Office

Address of Company/Office

Email

Telephone No.

A.2 For those who are self-employed

Business Name

Address

Email/Website

Type of Business

Fax No.

Until:

Website

Telephone No. Fax No.

Years of Operation

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, Post-Graduate Assistance for Science Education Program (PASE). 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 Scholarship Grants, and Awards of Ministry of Science and Technology (SESGA-MOST) to collect, record, organize, update or modify, retrieve, consult, use, or consolidate 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: _____