

**SCIENCE EDUCATION INSTITUTE**

Department of Science and Technology

STSD-215.2  
Rev. 1/02-12-21

Accelerated Science and Technology Human Resource Development Program

**STUDENT RESEARCH SUPPORT FUND**  
APPLICATION FORM FOR RESEARCH GRANT

**Instructions:**

1. Please type or print legibly.
2. Submit the accomplished form together with the requirements to ASTHRDP Project Leader of the university you are enrolled in.

*Last Name*

*First Name*

*Middle Name*

*Permanent Address*

*Contact No.*

*Email Address*

*Year of Award*

*Scholarship Award*

*Course*

*University*

MS  PhD

*Title of Research*

*Outright Thesis/Dissertation Allowance (A)*

*Amount Requested for SRSF (B)*

*Total Funding Requirement (A+B)*

*Date Requested*

Certified Correct:

Endorsed by:

Noted by:

\_\_\_\_\_  
Name and Signature of Applicant

\_\_\_\_\_  
Name and Signature of Adviser

\_\_\_\_\_  
Name and Signature of Department Chair

*Requirements to be submitted together with this form:*

1. Accomplished SRSF Breakdown Form
2. Abstract and Methodology of Research
3. Approval Sheet of Thesis/Dissertation
4. Grantt Chart/Work Plan (indicate month & year)