



University of the Philippines Los Baños
GRADUATE SCHOOL
 College, Laguna 4031
 Philippines

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**NESTLÉ POST-GRADUATE NUTRITION SCHOLARSHIP
 APPLICATION FORM**

TYPE OF SCHOLARSHIP APPLIED FOR:

Full PhD Full MS Dissertation Grant Thesis Grant

START OF SCHOLARSHIP APPLIED FOR:

1st semester (August) Second Semester (January)
 Academic Year: _____ - _____

WITH EXISTING POST-GRADUATE SCHOLARSHIP?

YES NO

I. PERSONAL INFORMATION

Name

_____ Family Name _____ First Name _____ Middle Name

Age _____ **Date of Birth** _____ **Place of Birth** _____

Citizenship _____ **Gender** _____

Permanent Address

_____ No./Street _____ City/Town

_____ Province/State _____ Zip Code _____ Country

Contact Number/s _____ **E-mail Address** _____

PRC Registration Number _____ **Year of Registration** _____

II. ACADEMIC BACKGROUND

Institution(s) Attended	Degree	Major Field	Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EMPLOYMENT INFORMATION

Employment Status Permanent Contractual Probationary Self-employed Unemployed

Present Occupation/Position _____ **Length of Service** _____

Name of Company/Institution _____

Company/Office Address

_____ No./Street _____ City/Town

_____ Province/State _____ Zip Code _____ Country

Contact Number/s _____ **E-mail Address** _____

Are you currently employed with governmental, non-governmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women or in nurseries or child care institutions?

Yes No

Employment History (List recent and most pertinent occupational experience)

Name and Location of Employing Agency	Position	Inclusive Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important: Once accepted in Full PhD/MS Scholarship, the scholar must obtain permission to take official Leave of Absence (LOA) from employer, otherwise, a notarized certification that scholar is not employed.

IV. RESEARCH PROPOSAL

What is your research topic/proposal? _____

Is your research covering topics on infant (0 to <12 months), young child (12 to 36 months) and maternal (pregnant and lactating) health and nutrition? YES NO

Has your research proposal been approved? YES NO

V. PUBLICATION

Title of Research/Publication	Place/Year of Publication	Fund Source	Nature of Involvement
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VI. PROFESSIONAL AFFILIATION

Professional Organization	Position	Year
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VI. AWARDS RECEIVED

Title of Award	Award Giving Body	Year
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VI. PERSONAL STATEMENT (Write in separate sheet attached)

Briefly describe your leadership, influencing and networking skills; and what you expect to gain from the course.

VI. CAREER PLANS (Write in separate sheet attached)

Briefly discuss what particular problem or need of Filipino families today that you intend to address and share your future plans after completion of graduate studies.

VII. CONFLICT OF INTEREST

Are you an employee of Nestle Philippines, Inc. or a relative of up to the 4th level of consanguinity or affinity?

YES NO

Do you have pre-existing obligations with other parties that may limit or prevent your capability to offer consultancy services to Nestle Philippines, Inc. after graduation equivalent to the time the scholarship is enjoyed?

YES NO

I hereby certify that all information given above are true and correct to the best of my knowledge.

Name and Signature of Applicant

Date

CHECKLIST OF REQUIRED DOCUMENTS SUBMITTED (FOR STAFF USE ONLY)

- Birth certificate from Philippine Statistics Agency (Photocopy)
- Board Certification from Professional Regulation Commission (Photocopy)
- Letter of Admission from UPLB Graduate School (Photocopy)
- Medical Certificate from UPLB Health Service or by a Licensed Physician for the past 6 months (Photocopy)

For Full PhD/MS Scholar applicant

- Certified True Copy of Official Transcript of Record (Photocopy)
- If Employed: Permission to take Leave of Absence (LOA) while on Full PhD/MS Scholarship

For Dissertation/Thesis Grant applicant

- Form 5 of current semester (Photocopy)
- True Copy of Grades (Original)
- If with existing scholarship: Notarized certification from existing grantor of approval to avail of Nestlé Post-Graduate Nutrition Scholarship

Deadline of Submission: 1st semester, July 31; 2nd semester, December 31

NESTLÉ POST-GRADUATE NUTRITION SCHOLARSHIP

Name: _____

PERSONAL STATEMENT

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