

NOMINATION FORM

**PCHRD-PHAP Student Research Award
in Indigenous Sources of Medicine**

1	<i>Nominee</i>		
	_____	_____	_____
	Family Name	First Name	M.I.
	Home Address: _____		
	Phone No. _____	Date of Birth: _____	Place of Birth: _____
	Course: _____ Expected Year of Graduation: _____		
2	<i>Schools Attended</i>		
	<i>Awards/Honors Received</i>	<i>Name of School</i>	<i>Degree Obtained</i>
			<i>Year Graduated</i>
	<i>Elementary</i>	_____	_____
		_____	_____
	<i>High School</i>	_____	_____
		_____	_____
	<i>College</i>	_____	_____
		_____	_____
3	<i>Study/ Scholarship Grants</i>		
	<i>Name</i>	<i>Period</i>	<i>Given by</i>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4	<i>Special Skills</i>		

5 <i>Nominee's Institutional Affiliation</i>
Name and address of school: _____ _____ Phone no.(s): _____ Fax No. _____
Project Title
Objectives
Proposed Budget
6 <i>Endorsement</i>
<p>We hereby endorse the abovenamed project for the PCHRD-PHAP Student Research Award in Indigenous Sources of Medicine.</p> <p>_____</p> <p>Signature over printed name Adviser</p> <p>_____</p> <p>Signature over printed name Dean</p> <p>Date: _____</p>