



Office of the President of the Philippines
COMMISSION ON HIGHER EDUCATION
 HEDC Bldg. C. P. Garcia Ave., UP Campus, Diliman,
 Quezon City 1101

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SCHOLARSHIP APPLICATION FORM

(To be submitted with attachments)

Name: _____
 (LAST) (FIRST) (MIDDLE NAME)

Birthdate: _____ Age: _____ Gender: _____ Status: _____ Religion : _____ Citizenship: _____

Mailing Address: _____

Tel. No. _____ Mobile No. _____ Email Address: _____

Home/Provincial Address: _____

Name of Sending Higher Education Institution (SHEI): _____

Address: _____ Tel./Fax No. _____

Name of Delivering Higher Education Institution (DHEI – Institution where the applicant will obtain the degree): _____

Graduate Degree Program Applied for: Non-Thesis Masters () Thesis Masters () Doctorate ()

Program Title with Major: _____

Mode of study: Part-time () Full-time () Privileges: Option A () Option B ()

Educational Attainment: *(Use additional sheet if necessary)*

	School	Degree Obtained/Units Earned	Date Graduated
Baccalaureate			
Post-baccalaureate			

Scholarship/s Availment: *(Use additional sheet if necessary)*

Scholarship	Sponsor	Institution and Program	Duration	Status <i>(e.g. Completed, Ongoing)</i>	Benefits

Current Employment Details:

Designation	Status of Employment Full/Part time	Tenure – <i>Certified by the HRD Office</i> (Permanent/Non-Permanent*)	College/ Department	Subjects/Total No. of Units Taught <i>(Certified by the Dean)</i>	Period Covered	
					From	To

**For non-permanent faculty i.e. Probationary, Contractual and Temporary, applicant must submit a Rehiring Agreement (Form A4)*

PERSONAL INFORMATION

Name of Spouse: _____

Address: _____ Tel. No. _____

Occupation: _____

Office Address: _____ Tel. No. _____

Number of Dependents: _____

(Use additional sheet if necessary)

Name of Dependent	Birthdate	Relation to applicant

 Signature Over Printed Name of Applicant

 Date

 Signature Over Printed Name of School Head

 Date



**CHED FACULTY DEVELOPMENT PROGRAM II
Chairperson's/Dean's Recommendation to Accompany Application**

NAME OF APPLICANT _____	DEPARTMENT _____
INSTITUTION _____	

To the Chairperson/Dean: This recommendation is confidential. Please submit this form in a sealed envelope to accompany the Application Form for the Faculty Development Program II. Thank you.

1. How long has the applicant been with your department?

2. How the applicant performed as a faculty member in your department? Please include evaluation ratings for the past year or two.

3. How does the applicant's study/career plans fit into the departmental plans?

4. Please comment on the applicant's potential for permanency in your department.

5. Do you think that the applicant will be able to fulfill the prescribed years of service return immediately after the completion of the degree?

6. How would you rate the applicant in terms of the following factors?

CRITERIA/RATING	Excellent	Above-average	Average	Fair	Not Observed
1. Intellectual Ability					
2. Clarity of Oral Expression					
3. Written Expression					
4. Maturity					
5. Initiative					
6. Emotional Stability					
7. Leadership Ability					
8. Diligence in Study & Work Habits					

7. What particular skills, abilities, and personality traits do you consider to be the applicant's strengths and weaknesses?

8. What particular concerns, difficulties or constraints of the applicant should we know about? (e.g. financial concerns, family problems, etc.)

_____ DEPARTMENT CHAIRPERSON/DEAN Signature over Printed Name	_____ Date
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CERTIFICATION

This is to certify that (a) _____ is employed in this as a (b) _____ faculty member with an official designation of (c) _____.

Upon completion of the scholarship program, he/she will be provided the benefits specified in the Scholarship Contract.

Legend: a. Name of Scholar b. Status of Employment (Full/Part-Time) c. Position <small>Version: 3.24.2010</small>

Signature over printed name of School Head

CERTIFICATION

This is to certify that _____
(Name of Applicant)

of _____ is recommended for a Scholarship
(Name of home/sending institution)

Grant under the Faculty Development Program II by the Commission
on Higher Education with the degree of _____
(Degree applying for)

to enroll at _____
(Delivering Institution)

starting _____ Academic Year _____ until _____ Academic Year _____.
(Semester) (Semester)

Signature Over Printed Name of Applicant

Date

Signature Over Printed Name of School Head

Date

Note: This must be submitted using the letterhead of the home/sending institution.

Rehiring Agreement (For Non-Permanent Faculty)

The _____ (Name of School) _____, with present postal address at _____ and duly represented by its president/head _____, hereinafter referred to as "Sending Higher Education Institution (SHEI)";

and

Mr./Ms. _____ (Name of Faculty) _____, of legal age, Filipino, a probationary/contractual/temporary faculty of said SHEI, a resident of _____, hereinafter referred to as "Applicant".

And in consideration of the support of the CHED through the Faculty Development Program II (FDP II) do hereby knowingly agree to the following terms and conditions to wit:

THAT, the SHEI shall give the Applicant a Permanent/Regular Appointment to his/her teaching position, if legally possible, or rehire the latter to return service after completion of his/her _____ degree; and

THAT, the Applicant shall complete the academic degree within the specified period.

WHEREFOR, both parties, will signify that the above terms and conditions have been discussed to them and that they fully understand and agree to all the terms thereof.

Signed this _____ day of _____, 20__ in the City/Municipality of _____, Philippines.

Signature Over Printed Name of School Head

Signature Over Printed Name of Applicant

SIGNED IN THE WITNESS OF:

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
CITY OF _____) s.s

BEFORE ME, a Notary Public for and in _____ on _____, personally appeared the following to wit:

Name	Valid ID/Passport No.	Date & Place Issued
(Head, Sending HEI)		
(Faculty Applicant)		

KNOWN TO ME and to be the same persons who executed the foregoing Rehiring Agreement consisting of _____ pages including this page and acknowledgement to me that the same is their own free act and deed.

WITNESS MY HAND AND SEAL on this _____ day of _____ 20 _____.

Notary Public

Doc. No. _____

Page No. _____

Book No. _____

Series No. _____

CHED Faculty Development Program (SHEI Survey and Commitment)

Name of HEI: _____
 Address: _____
 Name of Head/President: _____
 Contact Information: _____

A. Institutional Faculty Development Plan

Total number of Faculty: _____

Number of faculty with Masters degrees in the discipline they are teaching: _____
 Number of faculty with Masters degrees not in the discipline they are teaching: _____
 Number of faculty with Doctorate degrees in the discipline they are teaching: _____
 Number of faculty with Doctorate degrees not in the discipline they are teaching: _____

How many faculty will your HEI support? _____
 How many will avail of the CHED- FDP? _____

This institution has had its FDP since _____ and _____ faculty have availed of the program: Of these _____ have earned their degrees; _____ are still studying; _____ have stopped/withdrawn from the program.

Best estimates on the number of our fulltime faculty that we wish to send to take their masters or doctorate study on a full-time basis (at least 12 units) or part-time basis (at least 6 units) per enrollment in the priority fields during the entry years 2010-2012 are the following:

Priority Fields	Entry Years					
	2014		2015		2016	
	Full-time Study	Part-time Study	Full-time Study	Part-time Study	Full-time Study	Part-time Study
Engineering						
Humanities & English						
Information Technology						
Mathematics						
Natural Sciences						
Social Sciences						

B. Support to be provided by SHEI to the scholar while on study

Deloading Scheme

1.1 Regular teaching load of full-time faculty is _____ units/term.

1.2 Number of units to be deloaded while on study

1.2.1 Part-time studies of 6 units: _____ units

Note:

- a) Scholars on part-time studies must not be teaching more than 18 units.
- b) Scholars on full-time studies are expected to be free from any teaching load or in cases where the scholar's teaching load is in the area/discipline where it is difficult to look for a substitute faculty, then the full-time scholar may handle a maximum of 6 units only.
- c) For both cases, the president of the SHEI must issue a certification on the number of teaching load the faculty scholar is given for every term.

Incentives

This institution will grant the following support while the scholar is on study (please check/ fill):

	<i>Amount</i>
____ Stipend	_____
____ Transportation	_____
____ Book Allowance	_____
____ Research Grants	_____
____ Other forms of support	_____

C. Incentives for scholars after completion of the degree

As further incentive for the faculty to take formal graduate studies, this institution is willing to grant to the faculty the following upon the completion of their graduate program (please fill/check):

- ____ Salary increase ranging from ____% to ____%
- ____ Promotion
- ____ Tenure
- ____ Priority in the award of research grants
- ____ Others _____

D. Return Service Obligation

The return service that must be fulfilled by the faculty of this institution who will pursue graduate studies is _____ year/s of service for every year of schooling.

E. Commitments for the CHED FDP

This institution is committed to pursue quality and excellence in education and will support the development of our faculty through further studies and enrichment.

This institution is willing to participate in and support the CHED FDP by sending faculty candidates for graduate scholarships (masters and doctorate degrees) and providing the above support and incentives for FDP scholars while on study and upon completion of the degree.

(Name and Signature of the Head/President of the HEI)

Date