

CHED FACULTY DEVELOPMENT PROGRAM II



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

2 X 2  
 ID Picture  
 (printed name at the back)

**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 ( )

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

**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  
Version: 3.24.2010

\_\_\_\_\_  
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. \_\_\_\_\_

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Series No. \_\_\_\_\_