

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)

Birthday: _____ 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 Degree-Granting Institution (Local): _____

Program Title with Major: _____

Name of Foreign Institution: _____

Dissertation Title: _____

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	Birthday	Relation to applicant

 Signature Over Printed Name of Applicant

 Date

 Signature Over Printed Name of School Head

 Date

1. **LIST SCHOLARSHIPS OR FELLOWSHIPS HELD AT PRESENT, OR IN THE PAST.** (Give source or sponsor, amount, where held, and duration dates.)

2. **INDICATE ANY ACADEMIC HONORS OR PRIZES WHICH YOU HAVE RECEIVED.** (Indicate TITLES and DATES)

3. **LIST BELOW ANY BOOKS, ARTICLES, OR THESES PUBLISHED BY YOU, ESPECIALLY IN YOUR PROPOSED FIELD OF STUDY.**

(Give title, place, and date of publication. Use another sheet, if necessary.)

4. **LIST PROFESSIONAL SOCIETIES, FRATERNITIES, OR OTHER ORGANIZATIONS IN WHICH YOU NOW HOLD MEMBERSHIP OR IN WHICH YOU HAVE BEEN ACTIVE IN THE PAST.** (Indicate if you have held an elective office.)

5. **TEACHING EXPERIENCE:** (Describe any teaching position/s you have held or currently hold.)

6. **RESEARCH:** (Describe any research you have completed or in which you are currently involved.)

7. **KNOWLEDGE OF LANGUAGES:** (Rate yourself Excellent, Good, Fair, or Poor. Include all languages in which you have some competence.)

*Mother
Tongue* _____

LANGUAGE	READING	WRITING	SPEAKING
ENGLISH			

8. **IF YOU HAVE TRAVELLED, LIVED, OR STUDIED IN ANY COUNTRY OTHER THAN THE PHILIPPINES FOR MORE THAN A MONTH, INDICATE PLACES, DATES, AND REASONS (e.g., education, research, business, vacation, etc.).**

9. **LIST BELOW ANY CLOSE RELATIVES OR FRIENDS IN THE ABROAD.** (Give name, address, and relationship.)

NAME	ADDRESS	RELATIONSHIP

NAME OF APPLICANT:

10.

STUDY RESEARCH OBJECTIVES

Write a clear and detailed description of your research objectives and give your reasons for wanting to pursue them abroad. Be specific about your major field and your specialized interests within this field. Describe the kind of program you expect to undertake, and explain how your research plan fits in with your previous training and your future objectives. This statement is an essential part of your application. Unclear, incomplete, or impractical proposals can result in your being referred to a university not suited to your scholastic needs, or your not being accepted by any university.

NOTE: *Please limit your response to the space provided.*

NAME OF APPLICANT:

11.

PERSONAL STATEMENT

This personal statement should be a narrative statement describing how you have achieved your current goals. It should not be a mere listing of facts. It should include information about your education, practical experience, special interests, and career plans. Describe any significant factors that have influenced your educational or professional development. Comment on the number of years of practical experience already completed in the field in which academic work will be done abroad.

NOTE: Please limit your response to the space provided.

NAME OF APPLICANT:

UNIVERSITY PREFERENCES

It is not a requirement nor is it expected for you to identify institutions at which you would like to study. However, if you do have preferences, please list in priority order three schools of your choice. Indicate specific departments and/or programs. Give specific reasons for each choice. If you have been in contact with professors, please provide names, email, and/or phone contacts for each one. Your preference will be taken into consideration insofar as possible.

12. MOST HIGHLY PREFERRED INSTITUTIONS

<i>University/ State and Country</i>	<i>Department</i>	<i>Degree</i>	<i>Specialization/ Concentration</i>	<i>Specific Reasons and Contacts</i>
<i>1.</i>				
<i>2.</i>				
<i>3.</i>				

13. OTHER INSTITUTIONS IN WHICH YOU MAY BE INTERESTED

Please list any other institutions and departments in which you also may be interested. Feel free to share other information that you think might be helpful, e.g., preference for a geographic location, climate, etc.

14. It is no expected that you will apply for admission by direct application or correspondence with a university abroad.

If, however, you have already submitted an application form directly to any universities abroad., list the names of these institutions below and indicate the response you have received, if any. Please attach letters of admission, letters of invitation, and deferral requests to your application.

<i>University/Department</i>	<i>Date of Application</i>	<i>Response to Application</i>

15. Indicate if you have or are planning to apply for a fellowship, scholarship, assistantship, or other educational grant, or loan from another organization, government, or educational institution. (This information will not prejudice your application.)

CERTIFICATION: *I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.*

DATE:	SIGNATURE OF APPLICANT
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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 Dissertation
(Name of home/sending institution)

Grant under the Faculty Development Program II by the Commission on Higher

Education with the degree of _____.
(Degree applied for)

His/her dissertation proposal has been approved by the

_____ and writing may start
(Degree-granting institution)

_____ 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. _____