

GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

Name:	
Scholarship Program:	
Sponsoring Agency/Organization:	
Region/SDO:	
Work Station:	

Remarks (✓, X, others)	Eligibility	Documentary Requirements
	a. Must be a Filipino citizen.	Updated Personal Data Sheet
	b. Must have obtained a very satisfactory (VS) performance rating for two (2) consecutive years. c. Must present his/her Individual Development Plan (IDP) that is validated by the head of the office.	Latest rated performance rating with approved IDP
	d. Must be holding a permanent item.	Updated Service Record
	e. Must be physically, mentally, and psychologically fit.	Medical certificate from any government physician as to health status.
	f. Must have no master's degree (for those who will apply for a master's degree) and shall have no doctoral degree (for those who will apply for a doctoral degree). g. Must have no current or pending enrollment in other institutions for graduate or postgraduate degree programs (for degree programs).	Updated Personal Data Sheet
	h. Must be willing to sign a Scholarship Contract and commit to its provisions.	(shall be complied after being officially nominated)

	i. Must be willing to prepare, share, and implement a Scholarship Report and Work Application Plan (WAP).	
	j. Must have no pending administrative, civil, or criminal case, and must have not been found guilty of any violation involving moral turpitude, corruption, or fraud.	Certificate of no pending administrative/legal charges
	k. Has already finished his/her existing service obligation for a scholarship, if any. **in any case that the HRDD has no existing format, please use Enclosure 2 of this memo l. Has no pending application for retirement.	Clearance from HRDD/NEAP
	m. Must be able to render his/her service obligation vis- a- vis duration of the scholarship.	

SCHOLARSHIP CLEARANCE

I. NAME		
II. Position/Designation		
III. Permanent Station		
IV. Has availed any scholarship program	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fill out sections V-X, as applicable.
V. Scholarship Program	Program Type	Title of the Program
	<input type="checkbox"/> Degree <input type="checkbox"/> Non-Degree	
VI. Scholarship Duration		
VII. Status	<input type="checkbox"/> Completed the course (Submit a copy of Certificate of Completion)	<input type="checkbox"/> Withdrawn from the Course (State the reason below)
VIII. Reason/s for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	

IX. Service Obligation	No. of Months/Yrs Required	No. of Months/Yrs Completed
X. Reason for Non-Completion (must be supported by attachments)	<input type="checkbox"/> Resignation <input type="checkbox"/> Transfer <input type="checkbox"/> Retirement <input type="checkbox"/> Others <i>Explain further.</i>	
<i>I hereby attest that the information in this form and the supporting documents attached hereto are true and correct</i>		

Name and Signature of the Scholar

Date and Time

This is to certify that the information in this form and the supporting documents attached hereto are true and correct

<p>Name and Signature of the Recommending Authority (SDO - HRDD)</p> <p>_____</p>	<p>_____</p> <p style="text-align: center;">Date and Time</p>
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APPROVED	
<p>_____</p> <p>Name and Signature of the Recommending Authority (RO-HRDD)</p>	<p>_____</p> <p style="text-align: center;">Date and Time</p>

