



Republic of the Philippines
Department of Education
REGION XII
SCHOOLS DIVISION OF SOUTH COTABATO

Office of the Schools Division
Superintendent

27 March 2024

DIVISION MEMORANDUM
SGOD No. **047** s. 2024

CALL FOR NOMINATION FOR SEAMEO REGIONAL CENTRE FOR QITEP
IN MATHEMATICS (SEAQIM) SCHOLARSHIP PROGRAMS FOR SCIENCE
TEACHERS AND SCHOOL HEADS FOR FY 2024

To: Public Schools District Supervisors/Principals In-Charge
Public Elementary and Secondary School Heads
All Others Concerned

1. In reference to Region Memorandum NEAP-2024-026 and DM-OUHROD-2024-0376, this Division calls for nomination to the three (3) regular courses for Junior and Senior High School Science Teachers, Physics/Geography Teachers, and Primary and Junior High School Heads under SEAMEO Regional Centre for QITEP in Mathematics (SEAQIM) Scholarship Programs for Science Teachers for FY 2024, with details as follows:

| Course No. | Theme | Course Dates | Level | Mode | National Deadline |
|------------|---|-------------------|---|--------------|-------------------|
| 1 | Training Course on Environmental Education for Sustainable Development (EESD) | August 4-10, 2024 | Junior and Senior High School Science Teachers | Face-to-Face | May 03, 2024 |
| 2 | Training Course on Earth and Space Science (ESS) | August 4-10, 2024 | Junior High School Science Teachers, High School Physics/Geography Teachers | Face-to-Face | |
| 3 | Training Course on Science Classroom Supervision (SCS) | August 4-10, 2024 | Primary and Junior High School Principal | Face-to-Face | |

2. Anent this, concerned District is encouraged to nominate at least one eligible teacher for courses 1 and 2, and eligible school head for course 3. The PSDS/PIC's nomination, together with the nominees' Letter of Intent (addressed to SDS) and documentary requirements shall be submitted to the Focal Person on Scholarship Programs at SGOD-HRD Section for verification and selection process as a basis in



Address: Alunan Avenue, Koronadal City, South Cotabato 9506
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securing an endorsement from the School Division Office to the National Educators Academy of the Philippines (NEAP) Regional Office XII.

3. To have ample time for the verification and selection process at the Division and Regional levels, the deadline for submission of all required documents to the Division at SGOD-HRD Section shall be on April 15, 2024.

4. These are the documents to be submitted to the Division for each nominee.

- a. PSDS/PIC's Nomination
- b. NEAP-PDP Letter of Intent (Enclosure 3)
- c. General Eligibility Requirements/Checklist (Enclosure 1)
- d. Scholarship Clearance (Enclosure 2)
- e. Updated Personal Data Sheet
- f. Updated rated IPCRF with approved IDP
- g. Updated Service Record
- h. Medical Certificate
- i. Certificate of No Pending Administrative/Legal Charges

5. For more information, personnel concerned may contact Atty. Arnel B. Bien, EPS II-HRD, Division Focal Person on Scholarship Programs at mobile number 0946 157 1209 or telephone no. 228 5763.

6. Immediate dissemination of this memorandum is directed.

LEONARDO M. BALALA, CESO V
Schools Division Superintendent

Encl.: As stated

Reference: RM NEAP-2024-026

DM-OUHROD-2024-0376

To be indicated in the Perpetual Index
under the following subjects.



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LEARNING AREA, SCIENCE

SCHOLARSHIP

ABB/DM-call for nomination for SEAiQM scholarship programs for science teachers and school heads for FY 2024
0000/March 27, 2024



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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

Name and Signature of the Recommending Authority
(SDO - HRDD)

Date and Time

APPROVED

Name and Signature of the Recommending Authority
(RO-HRDD)

Date and Time



date Month Year

LEONARDO M. BALALA, CESO V

Schools Division Superintendent
DepEd SDO of South Cotabato
Alunan Avenue, Koronadal City, South Cotabato 9506

**NEAP-RECOGNIZED PROFESSIONAL DEVELOPMENT PROGRAMS AND COURSES
LETTER OF INTENT**

Superintendent <Name>:

Greetings!

This is _____ (NAME), _____ (POSITION), in _____ (SCHOOL).

I am writing to you to signify my intent to register for the _____ (PROGRAM OR COURSE TITLE) offered by _____ (NAME OF SERVICE PROVIDER) under the NEAP-Recognized Professional Development Programs and Courses.

If accepted, please be rest assured that I intend to:

- Maintain the academic standards and other course requirements set under the program
- Fulfill the required service obligation required under Sections 17 and 19 Rule VIII of the Omnibus Rules Implementing Book V of Executive Order No. 292
- Submit and implement my Re-Entry Action Plan
- Sign the NEAP-Recognized Professional Development Program Contract
- Refund in full to the Department of Education such sums of money as may have been defrayed by the Philippine government for expenses incidental for having attended the program or course, for failure to comply with any of the foregoing conditions through my fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within my control

Thank you.

Regards,

<Name of Teacher or School Leader>

<Position>

<School>



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