



Republic of the Philippines
Department of Education
Region XI
SCHOOLS DIVISION OF DIGOS CITY
Digos City



DIVISION MEMORANDUM
No. 013, s.2019

January 3, 2019

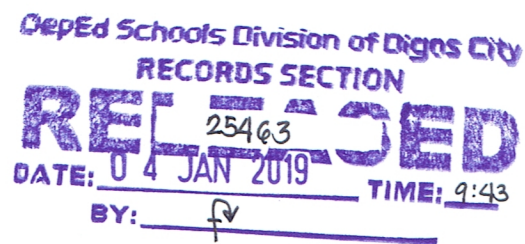
**ANNOUNCING THE OPENING OF COMPETITION FOR THE 2019-2020 BUKIDNON
STATE UNIVERSITY GRADUATE SCHOLARSHIP GRANTS FOR SCHOOL
ADMINISTRATORS AND CLASSROOM TEACHERS IN MINDANAO**

To: Public Schools District Supervisors
Public School Heads
Public School Teachers

1. This is in reference to the Memorandum Number 147 series 2018 dated December 19, 2018 signed by Oscar B. Cabañelez, Ph.D., the University President of Bukidnon State University, re: Announcing the Opening of Competitions for the 2019-2020 Bukidnon State University Graduate Scholarship Grants for School Administrators and Classroom Teachers.
2. An applicant, using the application form hereto attached may submit the application form and supporting documents on or before February 4, 2019.
3. For assistance, kindly visit the SGOD Office thru the Human Resource Development Specialists.
4. Immediate dissemination of this Memorandum is earnestly desired.


WINNIE E. BATON, EdD
Officer in Charge

Office of the Schools Division Superintendent 



ronald dedace: January 3, 2019 BuKSU Scholarship



BUKIDNON STATE UNIVERSITY

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OFFICE OF THE PRESIDENT

December 19, 2018

MEMORANDUM

NO. 147, S.2018

TO : Schools Division Superintendents Regions IX, X, XI, XII, XIII &
ARMM Department of Education

FROM : The University President

SUBJECT : ANNOUNCING THE OPENING OF COMPETITION FOR THE 2019-
2020 BUKIDNON STATE UNIVERSITY GRADUATE
SCHOLARSHIP GRANTS FOR SCHOOL ADMINISTRATORS
AND CLASSROOM TEACHERS IN MINDANAO

1. Bukidnon State University announces the opening of competitions for the 2019-2020 Department of Education-Bukidnon State University Graduate Scholarship Grants for school administrators and classroom teachers in Mindanao. The duration of the scholarship grant is twelve (12) months which commences in April 2019 and ends in April 2020.
2. The scholarship grants are for the degree MASTER OF ARTS IN EDUCATION, major in: a) Educational Administration; b) English Language Teaching; c) Mathematics Teaching/Education; and d) General Science.
3. An applicant, using the application form hereto attached may submit his application form and supporting documents to: **The Dean, College of Education Graduate Program, Bukidnon State University, City of Malaybalay, Province of Bukidnon on or before February 4, 2019.** An applicant who has good moral character, good scholastic records, sincere drive for completing the program, and who does not have any pending application for other scholarships, trainings, etc. may be recommended.
4. Forms of assistance will be given to each grantee, namely: free tuition, P600.00 book allowance per term (two semesters and one summer), P1,500.00 monthly stipend and reimbursement of one round trip ticket for the whole duration of scholarship (by bus or by boat) from grantee's residence to the COE Graduate Program, Bukidnon State University, City of Malaybalay, Province of Bukidnon.
5. The BukSu Graduate Scholarship Screening Committee will conduct a personal interview and administer a written test to all applicants whose application papers have been duly approved by the Schools Division Superintendent and the Regional Director and received by the BSU on or before **February 4, 2019.**

BUKIDNON STATE UNIVERSITY

The schedule of the interview is on **February 21 & 22, 2019, 8:00-12:00 noon and 1:00-5:00 p.m.** at Bukidnon State University main campus, City of Malaybalay.

6. Only an applicant who passed the test and interview may be admitted as scholar. HOWEVER, THE INTERVIEW AND TEST FORM ONLY A PART OF THE SCREENING PROCESS AND MUST NOT BE MISCONSTRUED BY AN APPLICANT AS HAVING BEEN FINALLY SELECTED.
7. Bukidnon State University makes the final screening and selection of the prospective grantee in each field of specialization. Each selected candidate shall be duly informed of this selection.
8. It is requested that wide publicity of this Memorandum be made.


OSCAR B. CABANELEZ, Ph.D.
University President

CC: VPs
Deans
File



GRADUATE PROGRAMSCHOLARSHIP APPLICATION

Photo

(For Graduate scholarship applicant)

Name: _____ Sex: _____ Civil Status _____
Ethnic Tribe: _____ Date of Birth: _____ Age: _____
Place of Birth: _____ Religion: _____
Complete Home Address: _____
Office/School Address: _____
Region: _____ Division: _____ Contact # _____
Program/major Field of Preference: (Check only one)

- _____ Master of Arts in Education major in Educational Administration
_____ Master of Arts in English Language
_____ Master of Arts in Education major in English Language Teaching
_____ Master of Arts in Education major in Mathematics Education (Secondary)
_____ Master of Arts in Education major in Mathematics Teaching (Elementary)
_____ Master of Arts in Education major in General Science

A. Educational Qualification:

Basic Educational Qualification

Degree Received	College/University	Major Field	Year Taken
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Civil Service/Board Examination(s) Passed:

Name of Examination	Rating	Date & Place of Exam
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Educational Qualification:

Inclusive Dates	Position Held	Division/Office	Total Yrs. Exp.	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Honors/Awards Received or Earned (Give Description, Source & Date)

E. Inservice Training Participation (In Administration, Supervision, English, Science/Biology and Mathematics). Include only those on National and Regional levels.

Name of Inservice	Place & Year	Delegate/Observer	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. Scholarship, Fellowship of Travel previously enjoyed:

Nature of Field	Sponsoring Agency/Place & Year	Nature of Participation	Level (Int'l, Reg'l, Local)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Outstanding Evidence of Educational Leadership (State position held or roles performed, where and when, articles/books written)



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H. Performance Rating: (For the last two years)

<u>School Year</u>	<u>Numerical Rating</u>	<u>Adjective Rating</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS IS TO CERTIFY that the information given above is true and correct. The following original/certified supporting papers are hereto attached: (put a check mark if the supporting paper needed is attached).

- _____ 1. Application Form (SAF-99)
- _____ 2. BPS Form 127 (Record of service and allied experiences)
- _____ 3. CS Form 212
- _____ 4. Original Transcript of Records (Certified Xerox copy)
- _____ 5. Weighted Average Computation Sheet(s) (Formula: multiply grade by credit and divide sum of products by sum of credits, group by semester or summer term)
- _____ 6. Performance Rating (Certified Xerox copy of at least two years)
- _____ 7. CSE/Board Examination Report of Rating (Certified Xerox copy)
- _____ 8. Schools Division Superintendent's written recommendation as to innovative ability, drive for achievement, and commitment to undertake a pilot project on any educational innovation.
- _____ 9. General Form No. 86 (Accomplished by a government physician)
- _____ 10. Government Physician certification on Non-Pregnancy (for married female applicants only)
- _____ 11. Very recent photo (2"x 2") attached to each application form.
- _____ 12. Special Order for Study Leave of Absent with full pay effective April 2019 to April 2020
- _____ 13. Certification of Consent by the Spouse
- _____ 14. Applicant's certification on pending nomination for other form scholarship, fellowship, training, etc. during the above-mentioned scholarship period.
- _____ 15. A Non-Refundable Application/Examination Fee of P300 (cash)

(Signature of Applicant Over Printed Name)

RECOMMENDED:

Provincial/City Schools Superintendent

APPROVED:

Regional Director

(Note: All regional and division officers will be given a list of selected applicants.)



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OFFICE OF THE PRESIDENT

SCHOLARSHIP CONTRACT

WHEREAS, the **BUKIDNON STATE UNIVERSITY**, City of Malaybalay, represented by the President/Officer in Charge, hereinafter referred to as the GRANTOR, is interested to grant graduate scholarship to school teachers and administrators in Mindanao under the BukSu-DepEd Scholarship Program;

WHEREAS, (Name of Scholar) _____ (position/designation) _____ of (School/Division) _____ hereinafter referred to as the GRANTEE, is interested to avail of the scholarship and other privileges under the above mentioned program;

WHEREFORE, the parties hereto concerned, upon mutual agreement, decided to consummate their interests subject to the following conditions;

A. FOR THE GRANTEE

1. That I will work for the Degree of _____ at the Bukidnon State University for **one summer and two semesters**, effective 20__ to 20__ ;

2. That in the event that I will not finish/complete my degree during the 12-month period as stated above, I will refrain from studying in any other school to complete my studies unless given due permission by the Bukidnon State University;

3. That I will maintain an average grade not lower than 1.5 in every term/semester;

4. That I will diligently study my lessons so as to maintain satisfactory grades or to pass the comprehensive examination to qualify myself to enroll in thesis writing; that I will assume proper decorum compatible to that of a public official/employee or that of a government "scholar" throughout the training period; and speak well/promote the good cause of the BukSu, DepEd and my Division; that I will obey the rules and regulations of the University;

5. That during the scholarship period, I will consider the Bukidnon State University as my **new official station** and as such I will devote my time to do my scholastic work and refrain from going home or visit any other place unless it is for an urgent reason and with due permission from the Bukidnon State University;

6. That I will refrain from applying/accepting any other scholarship offer while this scholarship is in effect;

7. That I will return to my station upon the termination of my scholarship and put into practice or share the knowledge/expertise I have acquired from my training or to assist the BukSu or DepEd in conducting in service education programs/activities, if requested;

8. That I will defray other expenses in connection with my training not chargeable to the government or the Grantor and be able to advance expenses for stipends and books pending the release of funds by the government or BukSu as provided for in this training program;

GRANTOR

GRANTEE

9. That I will reimburse the Republic of the Philippines, through the Department of Education and the Bukidnon State University, upon demand, in an amount equal to the total compensation and allowances paid to me during the period of my scholarship in the event that, through inexcusable neglect or circumstances within my control, I fail to abide by the terms set in this contract at any time during or after the period of my scholarship; and

10. That, if in the event that I stop my studies before the term ends, I shall immediately refund all the amount I received from Bukidnon State University, such as: tuition fees, stipend, book allowance, travel allowance, and other benefits.

B. FOR THE GRANTOR

1. That the Grantor will provide the Grantee with the following:

- a. Free matriculation, tuition, and other school fees;
- b. Monthly cash stipend of P _____;
- c. Yearly Book Allowance of P _____;
- d. Allowance for actual travel expenses, for two ways only, between the Grantee's residence and the University;

2. That the Grantor will not be liable for any loss of the Grantee's property due to theft or other causes.

IN WITNESS WHEREOF, we have hereunto affixed our signatures this _____ day of _____, 20____ at the Bukidnon State University, City of Malaybalay, Bukidnon, Philippines.

THE GRANTOR

THE GRANTEE

BUKIDNON STATE UNIVERSITY

(Scholar)

By:

DR. OSCAR B. CABAÑELEZ
President

SWORN STATEMENT

SUBSCRIBE AND SWORN TO before me this _____ day of _____, 20____, both affiants exhibited their respective Residence Certificate as follows;

THE GRANTOR

THE GRANTEE

_____	Number	_____
_____	Date of Issue	_____
_____	Place of Issue	_____

ROGERIO M. AMBA
Chief Administrative Office

SEAL