



SCHOLARSHIPS FOR STAFF AND INSTRUCTORS' KNOWLEDGE ADVANCEMENT PROGRAM

APPLICATION FORM FOR FULL-TIME STUDY

Application Number

Instructions: (1) Please write in PRINT; (2) Use a check mark (✓) to answer the appropriate box corresponding to your answer.

PERSONAL INFORMATION

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Last Name	First Name	Middle Name	Extension Name
Birthdate (mm/dd/yyyy)	Age (yy/mm)	Email Address	
Permanent Address			
Current Address			
Mobile Number	Phone Number	Citizenship	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace
Demographic Information	<input type="checkbox"/> I am a single parent	<input type="checkbox"/> I am PWD	<input type="checkbox"/> I am a member of an indigenous community <input type="checkbox"/> Not Applicable
Highest Educational Attainment	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree

FAMILY BACKGROUND

Spouse Name (If married)		Spouse Occupation (If married)		Spouse Business Address	
Mother's Maiden Name		Father's Full Name			

EMERGENCY CONTACT INFORMATION

Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Others	Phone Number	
Full Name		Email Address	
Home Address			

EDUCATION BACKGROUND

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Degree Level	Name of School	Degree/Course	Highest Level/ Units Earned (if not graduated)	Year Graduated	Academic Honor Received
Bachelor's Degree					

Master's Degree					
Doctorate Degree					

EMPLOYMENT DETAILS (at the time of employment)

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Sending Higher Education Institution (SHEI) (Do not abbreviate)			Number of Years in the HEI	
Campus (if applicable)	Province	City / Municipality	Congressional District	
College / Office / Department of Work Assignment			Position/ Designation	
Tenure	<input type="checkbox"/> Permanent <input type="checkbox"/> Non-Permanent <input type="checkbox"/> Owner / Proprietor / Shareholder		Month and Year of Hiring (MM / YYYY)	
Type of Personnel (Sec 5, MORPHE)	<input type="checkbox"/> Academic <input type="checkbox"/> Academic Support <input type="checkbox"/> Non-Academic <input type="checkbox"/> Other Institution Officials <input type="checkbox"/> Head of Institution			
Teaching Discipline (If applicable; Write N/A if not applicable)	<input type="checkbox"/> Agriculture, forestry, fisheries and veterinary <input type="checkbox"/> Arts and humanities <input type="checkbox"/> Business, administration and law <input type="checkbox"/> Education <input type="checkbox"/> Engineering, manufacturing and construction <input type="checkbox"/> Generic programmes and qualifications <input type="checkbox"/> Health and welfare <input type="checkbox"/> Information and Communication Technologies (ICTs) <input type="checkbox"/> Natural sciences, mathematics and statistics <input type="checkbox"/> Service Social sciences, journalism and information		If currently employed, indicate type of employment	<input type="checkbox"/> Regular / Plantilla <input type="checkbox"/> Probationary / Temporary <input type="checkbox"/> Contractual / Contract of Service <input type="checkbox"/> Not Applicable due to Unemployment <input type="checkbox"/> Others, please specify: _____
Brief Description of Role / Work				

RESEARCH PUBLICATION

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.

Publication Title		Publication Type	Date Published
Authorship	<input type="checkbox"/> Solo <input type="checkbox"/> Lead <input type="checkbox"/> Co-Author	Name of Journal, Association or Corporation	
Short Description of Work			
Publication Title/Project		Publication Type	Date Published

Authorship	<input type="checkbox"/> Solo <input type="checkbox"/> Lead <input type="checkbox"/> Co-Author	Name of Journal, Association or Corporation
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Short Description of Work

ACADEMIC PAPER PRESENTATIONS

Title of Paper		Name of Conference	
Conference Venue		Type of Conference	<input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> Institutional
			Date of Presentation

Short Description of Work:

PREVIOUS GRANTS RECEIVED FROM GOVERNMENT AGENCIES

Have you ever received a scholarship or served as a team member on a funded grant or training from any government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been approved as a grantee or part of the following CHED Grants / Project? (check all that apply)

<u>K to 12 Transition Program Individual Scholarships and Grants:</u> <input type="checkbox"/> Scholarships for Graduate Studies-Local (SGS-L) <input type="checkbox"/> Scholarships for Graduate Studies-Abroad (SGS-A) <input type="checkbox"/> International Continuing Professional Education (ICPE) <input type="checkbox"/> Professional Advancement Grant <input type="checkbox"/> Sectoral Engagement Grant <input type="checkbox"/> Individual Research Grant <input type="checkbox"/> CMO No. 51, s. 2016 Grant <input type="checkbox"/> Action Research Grant <u>Local Graduate Scholarships Office Grants:</u> <input type="checkbox"/> SIKAP <input type="checkbox"/> HUSAY Grant	<u>K to 12 Transition Program Institutional Grants:</u> <input type="checkbox"/> Continuing Professional Education Grant <input type="checkbox"/> Revised and Expanded Continuing Professional Education (RECPE) Grant <input type="checkbox"/> Institutional Development and Innovation Grants (IDIG) <input type="checkbox"/> Discovery-Applied Research and Extension for Trans/Inter-disciplinary Opportunities (DARETO) Research Grants <input type="checkbox"/> SALIKA Creative Grants <input type="checkbox"/> SHS Unit Grants Other CHED Grants and Scholarships* <input type="checkbox"/> Institutional Grants <input type="checkbox"/> Faculty Development Grant <input type="checkbox"/> International Continuing Professional Education (ICPE) Grant <input type="checkbox"/> Others: _____
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* Note: Please include grants given by CHED where you were project team, facilitator, etc.

GRANT AND CLEARANCE INFORMATION (Please provide information on ALL awarded grants):

AGENCY OF GRANT	NAME OF GRANT	YEAR OF GRANT	RETURN SERVICE DURATION (MM / YYYY - MM / YYYY or if Not applicable, please indicate "N/A")	CLEARED FROM THE GRANT?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY DETAILS

Are you presently admitted / enrolled in a graduate program at a Philippine Higher Education Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Level Applying for	<input type="checkbox"/> Masters <input type="checkbox"/> Doctorate
If admitted, indicate degree program and Higher Education Institution	HEI: _____	Degree Program: _____	
If <u>enrolled in current term</u> , indicate degree program and Higher Education Institution	HEI: _____	Degree Program: _____	
Total Number of Units taken		If enrolled in current term, Start Month of Term: _____ End Month of Term: _____	
Are you related to any CHED employee by consanguinity or affinity, up to the fourth degree, to the approving or recommending authority, where the application is being processed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give details (Name and Position): _____	
Are you currently holding a full-time employment in any government agency or private company, which are not HEIs (e.g. State and Local Universities and Colleges, Private HEIs, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate the Name of the Government Agency or Private Company _____	

ELIGIBILITY CRITERIA CERTIFICATION		
Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided.		
	Yes	No
I am a Filipino citizen.	<input type="checkbox"/>	<input type="checkbox"/>
I am a teaching or non-teaching personnel employed in a Higher Education Institution (HEI) as defined in Section 1.3 of the CHED Memorandum Order (CMO) No. ____, s.2025.	<input type="checkbox"/>	<input type="checkbox"/>
I have an approved full-time study leave covering the entire scholarship period, OR I have a certification issued by the Sending Higher Education Institution (SHEI) represented by its Governing Board or its equivalent attesting to the deloading of teaching units, work responsibilities, or assignments, as duly endorsed by the Faculty and Staff Development Committee or its equivalent.	<input type="checkbox"/>	<input type="checkbox"/>
I have full-time employment in a Higher Education Institution (HEI) and have no existing employment or contract of service in a non-HEI agency/institution.	<input type="checkbox"/>	<input type="checkbox"/>
I am currently admitted or will enroll in a graduate degree program identified within the Scope and Coverage within the term of application.	<input type="checkbox"/>	<input type="checkbox"/>
I am physically fit to undertake and complete the scholarship program, as attested by a medical certificate issued by either a licensed government physician or SHEI's clinic, and mentally fit to undertake and complete the scholarship program, as certified by the SHEI's guidance counselor, or issued by either a licensed government psychiatrist or psychologist.	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to execute a Return Service Agreement with the SHEI.	<input type="checkbox"/>	<input type="checkbox"/>
I am no more than 50 years old within the next six (6) months from the date of application.	<input type="checkbox"/>	<input type="checkbox"/>
I am cleared of any pending obligations from all previously awarded grants or scholarships, as attested by a Clearance.	<input type="checkbox"/>	<input type="checkbox"/>
I am cleared of any pending obligations from all previously awarded grants, including those in which I was engaged as a team member in research grants, or grants of similar nature.	<input type="checkbox"/>	<input type="checkbox"/>
The SHEI attests that this scholarship endorsement is part of its manpower development plan.	<input type="checkbox"/>	<input type="checkbox"/>
I am in good academic standing and not currently on an extension of study.	<input type="checkbox"/>	<input type="checkbox"/>

INELIGIBILITIES

Information in this portion shall be cross-referenced against other documents in the application package. Please ensure the consistency of information provided. All applicants are advised to read this section carefully. Applications which fall under the criteria for ineligibility based on the policy shall be disapproved.

	Yes	No
I have an existing government-funded grant or scholarship, including an approved/received Notice of Award or executed contract.	<input type="checkbox"/>	<input type="checkbox"/>
I do not have clearance from previously awarded grants or scholarships, including as a team member on a funded grant.	<input type="checkbox"/>	<input type="checkbox"/>
I have a relative within the fourth (4th) degree of consanguinity or affinity employed at the CHED Regional Office (CHEDRO) where my application is being processed, and I failed to disclose this information.	<input type="checkbox"/>	<input type="checkbox"/>
I have a relative within the fourth (4th) degree of consanguinity who is already an existing SIKAP or HUSAY scholar	<input type="checkbox"/>	<input type="checkbox"/>
I have administrative and supervisory functions and/or designations/positions that has authority to appoint and/or issue appointments	<input type="checkbox"/>	<input type="checkbox"/>
I have been found guilty of administrative or criminal charges, or have pending administrative/criminal cases.	<input type="checkbox"/>	<input type="checkbox"/>
I am employed in a non-HEI agency or institution at the time of application and throughout the duration of my study.	<input type="checkbox"/>	<input type="checkbox"/>
I am not currently employed in a Higher Education Institution (HEI).	<input type="checkbox"/>	<input type="checkbox"/>
I already hold a degree at the same level as the one I am applying for (e.g., I already have a doctorate degree but pursuing another doctorate degree).	<input type="checkbox"/>	<input type="checkbox"/>
I am enrolled in more than one graduate program at the time of application.	<input type="checkbox"/>	<input type="checkbox"/>
I have incomplete, failed grades, or dropped subjects from prior graduate-level courses.	<input type="checkbox"/>	<input type="checkbox"/>
I am already on an extension of study or beyond the prescribed study period.	<input type="checkbox"/>	<input type="checkbox"/>
I have poor academic performance.	<input type="checkbox"/>	<input type="checkbox"/>
I transferred to another program due to failure to meet academic requirements or inability to complete the program.	<input type="checkbox"/>	<input type="checkbox"/>
I am employed and studying in the same HEI, including under Contract of Service, Contractual, or Job Order arrangements and do not belong to the following groups: (1) Person with Disabilities (PWD) or (2) Solo parents.	<input type="checkbox"/>	<input type="checkbox"/>
I am a beneficiary of an existing faculty and staff development program of my SHEI.	<input type="checkbox"/>	<input type="checkbox"/>
I have been terminated from a CHED or government scholarship due to non-completion, breach of contract, or other similar reasons.	<input type="checkbox"/>	<input type="checkbox"/>
I have filed multiple applications in the CHED Regional Office and/or in more than one CHED Regional Office	<input type="checkbox"/>	<input type="checkbox"/>
I do not fulfill any of the qualifications provided in the policy, including non-compliance or incomplete submission of documentary requirements.	<input type="checkbox"/>	<input type="checkbox"/>

CHECK POINT**PRIOR TO AFFIXING YOUR SIGNATURE, PLEASE REVIEW THE DOCUMENT AND ENSURE THAT:**

1. All answers are clearly written and legible
2. The information provided is COMPLETE, with **no field unanswered**
3. All information provided in the ELIGIBILITY portion is correct. Applications which do not fulfill all eligibility criteria based on the policy shall be disapproved.
4. All information provided in the INELIGIBILITIES portion is correct. Applications which fall under the criteria for ineligibility based on the policy shall be disapproved.
5. Review carefully the attestations in the certification below

OMNIBUS CERTIFICATION

This is to certify that by signing this document:

- All information I have provided in this form is complete, true and correct to the best of my knowledge;
- I understand that it is my full responsibility to disclose any and all potential issues regarding my eligibility for and/or compliance with terms and conditions of the grant;
- I fully understand and accept the legal consequences and take full accountability of giving incorrect, untruthful, non-disclosure and/or misleading information to CHED;
- I certify that the supporting documentary submissions are not altered or modified electronically or otherwise. The Commission reserves the right to hold processing of applications which may be suspected to have been altered or modified, subject to further validation;
- I understand that all submitted application documents including its supporting documents shall be considered as property of the Commission and shall no longer be returned to the applicant notwithstanding the result of the application;
- I hereby give my consent for the Commission to collect, record, retrieve, consolidate and use information I have voluntarily provided concerning my application under CHED Memorandum Order (CMO) No. __, s.2025, or the "Updated Guidelines for the Scholarships for Staff and Instructors' Knowledge Advancement Program (SIKAP)";
- I understand that the failure of CHED to identify concerns regarding my eligibility for or compliance with terms and conditions of the scholarship is not deemed a relinquishment of waiver of any subsequent breach or default of such terms and conditions and criteria;
- I understand that the approval of the scholarship is contingent on the eligibility criteria, prioritization criteria and selection criteria as provided in CMO No. __, s.2025, and as provided in this application package, and thus makes the approval of such a scholarship **non-transferrable**; and
- I am cognizant, willing, and accepting of this commitment, and the various terms and conditions of this scholarship as stipulated in CMO No. __, s.2025 and all relevant CMOs issued and to be issued, and shall comply with the same.

Signature above Printed Name
Applicant

Date Signed

SPECIMEN SIGNATURE	[SPECIMEN 1]	[SPECIMEN 2]	[INITIAL]

SUBSCRIBED AND SWORN to before me, this __ day of __ 2025 at _____, Philippines.

<<NOTARY>>