



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

June 27, 2023

REGIONAL MEMORANDUM

No. **670** s.2023

**NON-COMPLETION OF LINKING STANDARDS AND QUALITY PRACTICE
(LISQUP) SCHOLARSHIP PROGRAM**

To: Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

- Attached is a Memorandum from Dir. Jennifer E. Lopez, Officer-in-Charge, Office of the Director IV of the National Educators Academy of the Philippines, informing the field on non-completion of the Linking Standards and Quality Practice (LiSQUP) Scholars.
- Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO, CESO IV
Regional Director 



Enclosures: As stated

References: As stated

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

LISQUP

PROGRAM

SCHOLARSHIP

HRRD-NEAP-R-MCP



Address: Government Center, Candahug, Palo, Leyte
Telephone Nos.: (053) 832-5738
Email Address: region8@deped.gov.ph
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Republic of the Philippines

Department of Education

NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES

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Office of the Director

MEMORANDUM

OM-OUHROD-NEAP-2023-_____

OFFICE OF THE DIRECTOR IV
Date and Time Received: 26 JUN 2023 4:30
Signature: [Signature]
Date and Time Released: 26 JUN 2023
Signature: [Signature]

To : **Regional Directors**
HRDD Chiefs
LiSQuP NEAP-R Focal Persons
LiSQuP SDO Focal Persons
Albert Jerome C. Andres
Chief Administrative Officer, BHROD Personnel Division
All others concerned

From : **JENNIFER E. LOPEZ**
Director III
Officer-in-Charge, Office of the Director IV

Subject : **NON-COMPLETION OF LINKING STANDARDS AND QUALITY PRACTICE (LiSQuP) SCHOLARSHIP PROGRAM**

Date : June 20, 2023

1. Please be informed that Linking Standards and Quality Practice (LiSQuP) Cohort 1 is still on-going and scholars who submit intent to withdraw from the Program should adhere to the stipulations of DM 82, 2020:

(g) "Refund in full to DepEd 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 the scholars' fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within one's control. For reasons beyond the control of the teacher-participant, the conditions do not apply, provided that all documentary requirements including doctor's certification are met and are acceptable to DepEd."

2. It is clearly stated that scholars who fail to complete the program due to fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within his/her control must pay the Department of Education (DepED) through the National Educators Academy of the Philippines (NEAP) in full.

3. The amount of Doctorate and Master's Degree Program which concerned scholars should settle are as follows:

- PhD Php 150,000.00
- MA Php 120,000.00

new email
6/26/23

4. Payment shall be made through the Schools Division Office Accounting Office. Indicate in the receipt "Payment for LiSQuP Scholarship." Payment will go to the Bureau of Treasury.
5. Scholars who cannot pay in full must make an arrangement with the SDO/Regional Office through a Promissory Note attached in this Memorandum.
6. Scanned copy of the payment receipt or promissory note must be sent by SDO/RO Cashier to NEAP Central Office and RO via email.
7. For clarifications and/or other concerns, please contact **Ms. Rizza A. Pereyra**, LiSQuP Program Focal through email at
8. For your guidance.

[NEAP-PDD/Pereyra]

PROMISSORY NOTE

Date

Scholarship: _____
Program/Course: _____
Amount to be Paid: _____
School: _____
Schools Division Office: _____ **Region:** _____

For the full amount paid by the National Educators Academy of the Philippines (NEAP) for my scholarship, I, _____ of [Address], _____, promise to pay the sum of Php _____ in accordance with the mode and schedule of payment set forth below:

Schedule and Mode of Payment (Check one)

LUMP SUM

The lump sum payment shall be made on [Indicate the date] _____.

INSTALLMENTS

Payment shall be made in installment basis following the schedule indicated below:

#	Schedule/Dates	Amount
Total Amount		

In WITNESS WHEREOF, I set my hand under seal this ____ [day] of _____ [month], 20__ and acknowledge receipt of completed copy of this document.

**Scholar's Signature
over Printed Name**

**Immediate Supervisor's Signature
over Printed Name**

Noted:

**SDO Cashier's Signature
over Printed Name**

**SDO Accountant's Signature
over Printed Name**

Certified:

**Legal Officer's Signature
over Printed Name**

**SDO/RO Head of Office Signature
over Printed Name**