



Republika ng Pilipinas

# Department of Education

OFFICE OF THE UNDERSECRETARY FOR LEARNING SYSTEMS

**MEMORANDUM**  
**DM-OULS-2026-087**

RECEIVED  
3/5/26  
OFFICE OF THE REGIONAL DIRECTOR  
SIGNATURE

FOR : **Undersecretaries**  
**Assistant Secretaries**  
**Bureaus and Service Directors**  
**Regional Directors**  
**Schools Division Superintendents**  
**School Heads**  
**All Others Concerned**

DEPARTMENT OF EDUCATION  
**RECEIVED**  
RECORDS SECTION REGIONAL OFFICE NO. VIII  
DATE: 03-05-26  
TRACKING #: 3396 TIME: 9:54 Am  
SIGNATURE: *[Signature]*

FROM : *Carmela Oracion*  
**CARMELA C. ORACION**  
Assistant Secretary  
Officer-in-Charge  
Office of the Undersecretary for Learning Systems

SUBJECT : **CALL FOR NOMINATIONS TO THE SINGAPORE COOPERATION PROGRAMME (SCP) TRAINING PROGRAMME**

DATE : 03 March 2026

1. The **Singapore Cooperation Programme (SCP)** announces its **Call for Nominations** for its training programme on Education, Leadership, and Governance, with details as follows:

<b>Focus Area</b>	<b>Education, Leadership, and Governance</b>
<b>Course Title</b>	Strategic Leadership and Public Governance
<b>Training Schedule</b>	18-22 May 2026 (Onsite, Singapore)
<b>No. of Slots</b>	One (1)
<b>Modality</b>	Face-to-Face
<b>Nomination Criteria (Recommended)</b>	<ul style="list-style-type: none"> <li>• Mid to Senior-Level officials involved in leadership and strategic planning</li> <li>• Proficient in written and spoken English</li> <li>• In good health</li> </ul>
<b>Provisions Covered by SCP</b>	<p>Course fees, visa application fees for entry into Singapore, hotel accommodation with breakfast, a per diem of S\$130 per day, transportation between the hotel and the training venue, and basic insurance are covered under the SCP scholarship.</p> <p>Participants are to bear all personal and incidental expenses prior to receiving the per diem. The basic insurance coverage does not cover any pre-existing conditions or illnesses, nor any</p>

	<p>outpatient medical or dental treatment. Participants are strongly advised to purchase comprehensive travel insurance that includes adequate coverage for COVID-19-related expenses and medical evacuation in the event of an emergency.</p> <p>Please note that the round-trip economy airfare shall be shouldered by the nominee's respective <b>Bureau/Division/Schools Division Office</b>, subject to the availability of funds.</p>
<b>Submission Links</b>	<a href="https://forms.cloud.microsoft/r/KTFiOWbL3Y">https://forms.cloud.microsoft/r/KTFiOWbL3Y</a>
<b>Deadline of Submission</b>	05 March 2026

2. For selection purposes, the National Educators Academy of the Philippines (NEAP) encourages each **Bureau/Division/Regional Office PDC** to endorse **at least one (1) qualified nominee** who will submit all requirements detailed under **Eligibility & Documentary Checklist (Enclosure 1)** along with their accomplished and duly signed **Scholarship Clearance (Enclosure 2)**.
3. The **Participant Nomination Form and other required documents must be accomplished and uploaded (in PDF Form) on or before the set deadlines**, through the Microsoft Office Form. Kindly use official DepEd email accounts to submit the requirements.
4. NEAP shall screen and evaluate the nominations submitted based on the prescribed criteria and endorse the qualified participants to TESDA.
5. Please be advised that applications may be disqualified for various reasons, including, but not limited to, incomplete requirements, absence of official endorsement(s), direct submission of applications to the Secretariat's email, or discrepancies in submitted documents, among others.
6. For further information or concerns, please contact the **NEAP Scholarships Secretariat** via email at [scholarships@deped.gov.ph](mailto:scholarships@deped.gov.ph) or landline (02) 8715-9919.
7. For immediate dissemination and appropriate action.



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## GENERAL ELIGIBILITY REQUIREMENTS/CHECKLIST

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

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
	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)
	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



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## SCHOLARSHIP CLEARANCE

<b>I. NAME</b>		
<b>II. Position/Designation</b>		
<b>III. Permanent Station</b>		
<b>IV. Has availed any scholarship program</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	If yes, fill out sections V-X, as applicable.
<b>V. Scholarship Program</b>	<b>Program Type</b>	<b>Title of the Program</b>
	<input type="checkbox"/> <b>Degree</b> <input type="checkbox"/> <b>Non-Degree</b>	
<b>VI. Scholarship Duration</b>		
<b>VII. Status</b>	<input type="checkbox"/> <b>Completed the Course</b>  (Submit a copy of Certificate of Completion)	<input type="checkbox"/> <b>Withdrawn from the Course</b>  (State the reason below)



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<b>VIII. Reason/s for Non-Completion</b> (must be supported by attachments)	<input type="checkbox"/> <b>Resignation</b> <input type="checkbox"/> <b>Transfer</b> <input type="checkbox"/> <b>Retirement</b> <input type="checkbox"/> <b>Others</b> <i>Explain further.</i>	
<b>IX. Service Obligation</b>	<b>No. of Months/Yrs Required</b>	<b>No. of Months/Yrs Completed</b>
<b>X. Reason for Non-Completion</b> (must be supported by attachments)	<input type="checkbox"/> <b>Resignation</b> <input type="checkbox"/> <b>z</b> <input type="checkbox"/> <b>Retirement</b> <input type="checkbox"/> <b>Others</b> <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
<i>This is to certify that the information in this form and the supporting documents attached hereto are true and correct</i>		
_____ Name and Signature of the Recommending Authority (SDO - HRDD)		_____ Date and Time
<b>APPROVED</b>		
_____ Name and Signature of the Recommending Authority (RO-HRDD)		_____ Date and Time