



Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF DAGUPAN CITY

DepEd SDO Dagupan City
RECORDS OFFICE

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Office of the Schools Division
Superintendent

August 27, 2024

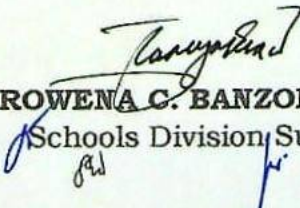
DIVISION MEMORANDUM

No. 330 s. 2024

**REMINDER ON NON-COMPLETION OF LINKING STANDARDS AND QUALITY
PRACTICE (LiSQuP) SCHOLARSHIP PROGRAM**

To: Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Schools District Supervisors
Principals/School Heads
LiSQuP Program Scholars
All Others Concerned

1. Attached is Regional Memorandum no. 609, s. 2023 on the "Non-Completion of Linking Standards and Quality Practice (LiSQuP) Scholarship Program" for ready reference.
2. Editable copy of the Promissory Note may be accessed through the link: <https://tinyurl.com/SDOPromissory>.
3. For the information of all concerned.


ROWENA C. BANZON EdD, CESO V
Schools Division Superintendent

AKO copy



Republic of the Philippines
Department of Education
REGION I



REGIONAL MEMORANDUM

No. 609 s. 2023

JUN 28 2023

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

To: Schools Division Superintendents
Chiefs of Functional Division
Administrative Division
Finance Division
Human Resource Development Division
Cash Unit

1. This Office, through the National Educators Academy of the Philippines Region 1 (NEAP R1) informs the scholars of Linking Standards and Quality Practice (LiSQuP) Scholarship Program Cohort 1 is still on-going and scholars who submit intent to withdraw from the program should adhere to the stipulations of DM 82, s. 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 my fault or willful neglect, resignation from the service, transfer to other agencies, voluntary retirement or other causes within my 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. Scholars who fail to complete the program due to fault or willful neglect, resignation from the service, transfer to the 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 in full.

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

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

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.



Address: Flores St., Catbangan, City of San Fernando, La Union
Telephone Nos.: (072) 607-8137/682-2324
Email Address: region1@deped.gov.ph
Website: www.depedro1.com

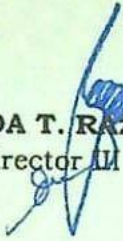


DepEd RO1 HRDD 230774

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 or promissory note must be sent by SDO/RO Cashier to NEAP Central Office through email at pdd.pdi@deped.gov.ph and NEAP Regional Office through email at neap.region1@deped.gov.ph.
7. For clarifications and other concerns, kindly contact NEAP R1 through neap.region1@deped.gov.ph.
8. Immediate dissemination of this Memorandum is desired.

For the Regional Director

RHODA T. RAZON
Director III



Reference: DM 82, s. 2020

Encl: None

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

LEARNING AND DEVELOPMENT SCHOLARSHIP

HRDD/kmmb/RM_LiSQuP
June 27, 2023

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



Republic of the Philippines

Department of Education

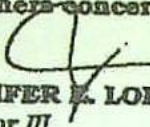
NATIONAL EDUCATORS ACADEMY OF THE PHILIPPINES

Office of the Director

MEMORANDUM

OM-OUHROD-NEAP-2023-_____

To : **Regional Directors**
HRDD Chiefs
LISQuP NEAP-R Focal Persons
LISQuP SDO Focal Persons
Albert Jerome C. Andrea
Chief Administrative Officer, BHRD 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



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