



Republic of the Philippines  
**Department of Education**  
 NATIONAL CAPITAL REGION

June 27, 2023

**REGIONAL MEMORANDUM**

No. 572, s. 2023

**To:** Schools Division Superintendents  
 NCR LiSQuP Scholars

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

1. In reference to Memorandum-OM-OUHROD-NEAP-2023 from the Office of the Director III, Jennifer E. Lopez, Officer-In-Charge, Office of the Director IV, National Educators Academy of the Philippines, the field is hereby informed of the above-captioned subject matter.
2. Scholars who intend 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 the scholars' fault or willful neglect, resignation from 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."*

3. It is clearly stated that scholars who fail to complete the program due to fault or willful neglect, resignation from service, transfer to other agencies, voluntary retirement or other causes within his/her control must pay the Department of Education through the National Educators Academy of the Philippines (NEAP) in full.
4. 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




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Effectivity	01.26.23	Page	1 of 3



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5. 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.
6. Scholars who cannot pay in full must make arrangements with the SDO/Regional Office through a Promissory Note attached in the Memorandum.
7. Scanned copy of the payment receipt or promissory note must be sent by SDO/RO Cashier to NEAP Central Office and RO via email. Please see attached Promissory Note.
8. For clarifications and/ or other concerns, please contact **Jennifer G. Medina**, Regional LiSQuP Focal Person though email at **hrdd.ncr@deped.gov.ph** .
9. For information, guidance, and compliance of all concerned.

  
**WILFREDO E. CABRAL, CESO III**  
Regional Director







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. 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



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 P<sub>hp</sub> \_\_\_\_\_ 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
<b>Total Amount</b>		

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