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MAY 25 2018
DepED DIVISION OF BAGUIO CITY

May 7, 2018

DR. MAY B. ECLAR, CESO V
OIC- Regional Director
Department of Education- CAR
DepEd CAR Complex, Wangal
La Trinidad, Benguet

RECEIVED
MAY 15 2018
DEPED-CAR Time: _____

Dear Director Eclar:

The Department of Health in partnership with willing private and state educational institutions, announces the current acceptance and screening of applicants for the Medicine and Midwifery Scholarship for school year 2018-2019.

The scholarship program aims to increase accessibility of quality health care services by the poor, marginalized and vulnerable sectors of the country by ensuring adequate supply of service-oriented human resource for health in priority areas.

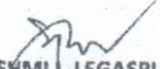
In line with this, may we seek your help in disseminating the information to interested individuals and posting the call for applications in the bulletin board of schools under your jurisdiction and in your website for wider coverage? Interested applicants may inquire at the DOH-CAR Office HR-Training Section or visit the DOH-CAR website caro.doh.gov.ph for more details.

We have attached the following documents for guidance:

1. List of partner schools
2. List of Qualifications
3. Application process
4. Scholarship Package
5. Return of Service

Your assistance would be of utmost help in the promotion of the said scholarship program to produce future health workers to work for a healthy Cordillera.

Truly yours,


LAKSHMI I. LEGASPI, MD, RN, MAN
Director IV



The round metal gong of the Cordillera known locally as "gangsra" is a symbol of the upland people's culture that has been passed on from generations to another.
The profile of a person blowing a "tanggyub" represents a community being called for an important matter or action.
The lines that shape the mountains, the rice terraces, clouds and rivers symbolize the connectivity and flow of human interaction in a geographic area such as the Cordillera.
All the symbols combined represent unity and harmony of the people with culture and environment in achieving the goals for self-determination.

Republic of the Philippines
Department of Education
Cordillera Administrative Region
Wangal, La Trinidad, Benguet



ADVISORY

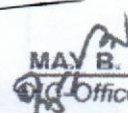
May 22, 2018

**TO: SCHOOLS DIVISION SUPERINTENDENTS
ALL DIVISIONS
ALL CONCERNED**

For information and dissemination in compliance with **DepEd Order No. 9, s. 2005** entitled "Instituting measures to increase engaged time-on-task and ensuring compliance therewith".
(Elementary & Secondary)

FOR YOUR INFORMATION & APPROPRIATE ACTION


FEDERICO P. MARTIN, Ed.D, CESO VI
Schools Division Superintendent


MAY B. ECLAR, Ph.D., CESO V
Office of the Regional Director

LIS ■ DOH PARTNER SCHOOLS

Medical Partner Schools

Region	Name of Partner Schools
NCR	1. Pamantasan ng Lungsod ng Maynila
	2. University of the Philippines College of Medicine
I	3. University of Northern Philippines
	4. Cagayan State University
II	5. Angeles University Foundation
III	6. Bicol Christian College of Medicine
V	7. West Visayas State University
VI	8. Southwestern University PHINMA
VII	9. University of Cebu College of Medicine
VIII	10. University of the Philippines- School of Health Sciences
IX	11. Mindanao State University
XI	12. Brokenshire College
	13. Davao Medical School Foundation

Midwifery Partner Schools

Region	Name of Partner Schools
NCR	1. Mary Chiles College
	2. Cordillera Career Development College
CAR	3. Don Mariano Marcos Memorial State University- South La Union Campus
	4. Eastern Pangasinan University
III	5. North Luzon Philippines State College
	6. Urdaneta City University
V	7. Union Christian College
	8. Bataan Peninsula State University
VI	9. Gordon College
	10. Good Samaritan Colleges, Inc.
VII	11. Ago Medical & Educational Center
	12. Tanchuling College
VIII	13. Iloilo Doctor's College
	14. IMAP Foundation School of Midwifery
IX	15. University of Bohol
	16. Holy Infant College
XI	17. Franciscan College of Immaculate Conception
	18. Brent Hospital and Colleges Incorporated
XII	19. Brokenshire College
	20. Davao Medical School Foundation Inc
XIII	21. Tecarro College Foudation
	22. MMG College of General Santos City
ARMM	23. Notre Dame Hospital & School of Midwifery
	24. Southern Christian College
	25. Butuan Doctor's College
	26. Tawi-Tawi School of Midwifery



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
Cordillera Administrative Regional Office



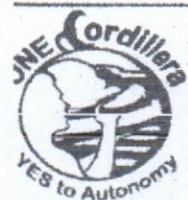
BGHMC Compound, Baguio City 2600
Tel./Fax Nos. (074) 442-8096 to 98 www.caro.doh.gov.ph

MINIMUM QUALIFICATIONS FOR GENERAL APPLICATION

1. Must be a natural born/ naturalized Filipino citizen
2. Must be of good moral character
3. Must be physically and mentally fit
4. Must have passed the admission requirements, standards and policies of chosen school as well as other requirements of the DOH
5. Must not have availed of any other scholarship grants or with return service obligation at the time of application or at the same period
6. Priority shall be given to any of the following:
 - Applicants residing in the geographically isolated and disadvantaged areas (GIDA) and indigenous communities as certified by concerned government agencies (e.g. National Commission on indigenous Peoples (NCIP), Local Government Unit (LGU))
 - Minority sects (Indigenous People)
 - Dependents of government employees, Barangay Health workers and Traditional Birth Attendants (TBA)
 - Victims of calamities, children/ dependents of police/soldiers fatally wounded / killed while on duty

APPLICATION AND SELECTION PROCESS

1. Applicants shall apply directly to the DOH partner school of their choice preferably within or near the province or region of residence, if available. He/She shall undergo screening and selection process as defined by the partner school for admission to the program/course.
2. The partner school endorses the list of scholarship applicants to the DOH Regional Office (RO) within the region for evaluation and validation
3. RO shall endorse the results of validation with recommendation to HHRDB for evaluation and recommendation for approval by the Pre-Service Scholarship Program Management Committee
4. Health Human Resource Development Bureau (HHRDB) shall endorse the list of approved/accepted scholars to concerned ROs for coordination with partner schools to facilitate enrolment of scholars
5. The partner schools through the school scholarship coordinator shall notify the applicants on the status of their application. All accepted scholars shall be enrolled accordingly. Likewise, the partner school shall submit the list of enrolled scholars to respective ROs for documentation
6. RO shall endorse the list of enrolled scholars to HHRDB for issuance of Department Personnel Order



The round metal gong of the Cordillera known locally as "gangsa" is a symbol of the upland people's culture that has been passed on from generations to another.

The profile of a person blowing a "tanggayub" represents a community being called for an important matter or action.

The lines that shape the mountains, the rice terraces, clouds and rivers symbolize the connectivity and flow of human interaction in a geographic area such as the Cordillera.

All the symbols combined represent unity and harmony of its people with culture and environment in beating the gong for self determination.



SCHOLARSHIP BENEFIT PACKAGE

1. Tuition fees, laboratory, miscellaneous and other related school fees shall be paid directly to the partner school
2. Subsidy and allowances shall be paid directly to the scholars

ALLOWANCES	MEDICAL	MIDWIFERY
a. Book allowance	P 12, 100 / semester	P 10,000 / semester
b. Uniform Allowance	P 3, 025 / semester	P 2,500 / semester
c. Miscellaneous Allowance	P 5, 500 / semester	P 5,500 / semester
d. Living Subsidy	P 4, 500 / month	P 4,500 / month
e. Lodging	P 3,000 / month	P 3,000 / month
f. Transportation Allowance	P 880 / month	P 880 / month

3. Enrolment to Philhealth insurance for 18 years old and above in the amount of P 200 per month

RENDERING OF RETURN SERVICE

- Scholars shall render two (2) years of service for every one (1) year of scholarship grant



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Republic of the Philippines
Department of Health
**DOH SCHOLARSHIP PROGRAM
APPLICATION FORM**

Paste a recent 1" x 1"
photograph (taken
within the last 6 months)
in this box.

Print legibly and use separate sheet if necessary. Place ✓marks in appropriate boxes. Only accomplished application forms will be processed.

SCHOLARSHIP APPLIED FOR:

- Medical Scholarship Program
 Midwifery Scholarship Program

PERSONAL BACKGROUND

<input type="checkbox"/> Member of Ethnic Minority or Indigenous People Specify: _____		<input type="checkbox"/> Barangay Health Worker - Child		<input type="checkbox"/> Government Staff - Child	
<input type="checkbox"/> Traditional Birth Attendant - Child		<input type="checkbox"/> Victim of Calamity/ Insurgency			
NAME: (Surname)		(First Name)		(Middle Name)	
DATE OF BIRTH:			PLACE OF BIRTH:		
AGE:	GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male	CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated		NATIONALITY:	Religious Affinity:
PERMANENT ADDRESS:					Tel #:
MAILING ADDRESS:					Tel #:

CELLPHONE # (if any)	E-MAIL ADDRESS: (if any)
TIN #:	Philhealth # (if any)
LBP Account: (if any)	LBP Branch:

FAMILY BACKGROUND

Father's Name:	Age:	Occupation:	Salary:
Mother's Name:	Age:	Occupation:	Salary:
Spouse's Name:	Age:	Occupation:	Salary:
Number of siblings _____	Gross Monthly Family Income:	Names of Children:	Age(s)
Sibling Rank _____		_____	_____
		_____	_____

EDUCATIONAL BACKGROUND

LEVEL	NAME OF SCHOOL	HIGHEST GRADE FINISHED OR DEGREE EARNED	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ HONOR(S)/ DISTINCTION RECEIVED
			From	To	
ELEMENTARY					
SECONDARY					
VOCATIONAL / TRADE COURSE					
COLLEGE					
GRADUATE STUDIES					

EMPLOYMENT / SERVICE RECORD (Start from current work)

POSITION TITLE	OFFICE/COMPANY	INCLUSIVE DATES	STATUS OF EMPLOYMENT	MONTHLY SALARY

REFERENCES

Please provide at least two (2) character references you are not related to.

NAME	POSITION & ADDRESS	CONTACT NO

I declare that all information and documents submitted with this application form are true and correct pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

_____ Applicant's Signature over Printed Name
_____ Date

Attachments:

1. Copy of Barangay Certification/ Certification of a Bona Fide Resident of the Community
2. Copy of Combined Family Income Tax Return (ITR)
3. Certificate of Indigency (if applicable)
4. Certification from National Commission on Indigenous Peoples (NCIP) (if applicable)