



Republic of the Philippines
Department of Education
REGION IV- A CALABARZON
CITY SCHOOLS DIVISION OF THE CITY OF TAYABAS

12 March 2026

DIVISION MEMORANDUM
No. 169 s. 2026

COOPERATIVE SCHOLARSHIP PROGRAM IN THE CITY OF TAYABAS

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Heads, Public and Private Elementary and Secondary Schools
Heads, Units/Sections
All Others Concerned

1. With reference to the letter from the **Office of the Development of Cooperative – Local Government of Tayabas City**, this Office announces the call for application for the **Cooperative Scholarship Program for School Year 2026-2027**.
2. The scholarship grant is open to learners to be enrolled for **Grades 7 to 12** of the abovementioned school year. There shall be twelve (12) slots for the grant.
3. Specific guidelines for the Cooperative Scholarship Program is attached in the enclosures. Further, attached are the application form and waiver.
4. Relative to this, school heads of this SDO are requested to disseminate this information and opportunity for their learners. They are likewise requested to assist prospective learners in submitting the requirements.
5. Requirements for the grant shall be submitted to this Office, through the records section, **on or before April 15, 2026** to the Curriculum Implementation Division. For questions, please contact Louie L. Fulleo and/or Mikael Sandino T. Andrey, Education Program Supervisors through louie.fulleo@deped.gov.ph or mikaelsandino.andrey@deped.gov.ph.
6. Immediate and wide dissemination of this Memorandum is desired.

For:

CELEDONIO B. BALDERAS JR.
Schools Division Superintendent

By:

HERBERT D. PEREZ
Assistant Schools Division Superintendent
Officer-in-Charge



Address: Brgy. Potol, Tayabas City
Telephone No.: (042) 785-9615
Email Address: tayabas.city@deped.gov.ph
Website: <https://www.sdotayabascity.ph>

Encl.: As stated

Reference: Letter from the Office of the Development of Cooperative – Local Government of Tayabas City

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

SCHOLARSHIP
LEARNERS

CID – cooperative scholarship program in the city of tayabas
CID62KJ8-002791/March 11, 2026

Enclosure 1:

**Cooperative Scholarship Program Guidelines
(Secondary Grade 7 - 12 Levels)**

Article I

Qualifications and Documentary Requirements of the Scholar

Section 1. Qualifications. The following are the qualifications of a Scholar:

1. The learner must be a Filipino citizen, resident of Tayabas and learner from any public school in the City Division of Tayabas City.
2. A final average of at least 85% in Science, English, Filipino, and Mathematics.
3. The applicant's parents must be cooperative members certified by the cooperative BOD Chairperson.
4. The applicant's parents must be indigent and certified by the Barangay Captain and/or DSWD Personnel (case study from DSWD).
5. Must be in good health, and capable of participating in a rigorous academic program. A medical certificate issued by the City Health Officer is needed.
6. Must not be a recipient of any private or government scholarship program.
7. Must not be an immediate family member of any of the members of Selection Committee and Approving Committee of this program.

Section 2. Documentary Requirements. The following are the documents required to apply for the cooperative scholarship program:

1. 2 copies of the fully accomplished Cooperative Scholarship Program Form
2. 1 photocopy PSA Birth Certificate
3. 2 copies of recent 1" x 1" ID pictures (computer-generated pictures will not be accepted)
4. Certified True Copy of the student's report card issued by the school principal
5. Certification of Indigency from Brgy. Captain and CSWDO
6. Recommendations from the school heads.
7. Certification of Laboratory Coop Membership from Guardian Coop if there is a Laboratory Coop in the school
8. Certification of Coop Membership from BOD Chairperson
9. Attendance to Cooperative Scholarship Program Orientation (Parents/Guardians-up to 3rd degree of consanguinity and affinity and the Scholar)

Article II

Scholarship Benefits

Section 1. Scholarship benefits. The following are the scholarship benefits per scholar:

Monthly Allowance

Secondary: Php. 2,000.00/month

School Supplies including school bag per school year

Secondary: Php. 2,000.00

Article III

Cooperative Scholarship Program Application Guidelines

Section 1. Application Form. Download the application form and fill it out or apply onsite or online (TCDO page and SDO page). The application form is completely free.

Section 2. Submission of Documentary Requirements. Submit the required documents to the City Cooperative Development Office or Schools Division Office of Tayabas City.

Section 3. Notification. Notification will be sent to the grantee after the documents have been processed.

Article IV

Selection Guidelines

Section 1. General Selection Guidelines. The following are the General Selection Guidelines for the Cooperative Scholarship Program:

- a. A Selection Committee created by TUC and TCCDC shall screen and rank the applicants based on the approved qualifications and requirements. The committee may contact the applicants for further information during the evaluation process. The committee shall then submit its ranked list of applicants to Approving Committee, including a description of the score/grading system which is the basis of ranking.
- b. The Approving Committee composed of Executive Committees of TUC and TCCDC together with the contributing cooperatives shall decide on matters pertaining to the successful implementation of this program including review and approval of the final list of lucky scholars.
- c. The Selection Committee will inform the applicants of the outcome of the selection process and will arrange for the awardee to sign the acceptance of the scholarship award.

Article V

The Selection Committee

Section 1. Composition. The Selection Committee shall be composed of one representative from TUC, TCCDC, DepEd City Schools Division, the City Cooperative Development Officer, and the Sangguniang Panglungsod TCCDC member to be appointed by TCCDC ExeCom. The committee members shall elect a Chairperson, Vice Chairperson, and Secretary from among themselves.

Section 2. Meeting. The committee shall hold regular meetings once every quarter. Special meetings may be called by the chairperson or at the request of majority members. A majority of all the members of the committee shall constitute a quorum.

Section 3. Compensation. The committee members shall not receive any compensation and/or honoraria.

Section 4. Duties and Responsibilities. The Selection Committee shall:

- a. Thoroughly examine each application to ensure all required documents and information are provided.
- b. Assess applicants based on predefined qualifications and requirements.
- c. Conduct written and oral examinations of candidates when necessary, to evaluate further their qualifications.
- d. Narrow down the applicants to a smaller group of finalists who best meet the scholarship qualification and recommend the same to the Approving Committee for the final decision.
- e. Conduct background investigation of the shortlisted applicants to ascertain the indigency and character of the applicant when necessary.
- f. Ensure the selection process is unbiased and transparent, adhering to the scholarship program's guidelines and objectives.
- g. Oversee the progress and success of the program, and whenever necessary, formulate procedural guidelines to enhance the selection process.

Section 5. Duties and Responsibilities of the City Schools Division of Tayabas.

The City Schools Division of Tayabas shall:

- a. Recommend and submit a list of applicants for the scholarship program to the City Cooperative Development Office.
- b. Oversee the implementation of the scholarship program in the schools to ensure regularity and consistency in the principles, policies, and rules.
- c. Provide feedback to the City Cooperative Development Office for continuous program improvement.
- d. Monitor the progress of the scholars/grantees and their compliance with the provisions of the scholarship contracts.
- e. Coordinate and attends meetings for consultations and engagements and other forms of technical assistance.
- f. Ensure proper guidance is provided to the grantees until the completion of the scholarship.
- g. Help in the evaluation process of the scholar's academic performance and submits recommendations.
- h. Recommend policy enhancement in the implementation of the scholarship program.

Article VI

The Contributing Cooperative

Section 1. Contributing Cooperative. The contributing cooperatives shall:

- a. Provide funds necessary to establish and sustain the scholarship program from their respective Community Development Funds.
- b. Participate in the selection process to choose deserving candidates based on the program's guidelines.
- c. Monitor the progress and success of the program.

Article VII

Tayabas Cooperative Development Office

Section 1. Tayabas Cooperative Development Office. The Tayabas Cooperative Development Office shall:

- a. Assist the Selection and Approving Committee in the performance of their duties and responsibilities.
- b. Assist in monitoring and evaluating the scholarship program, and recommend policy enhancements as necessary.
- c. Maintain detailed records of the selection and monitoring process for future reference and accountability.
- d. Ensure that the necessary actions and decisions of the Approving Committee are transmitted to the Selection Committee and other concerns for information, implementation, or approval.

Article VIII

The Scholar

Section 1. Scholar. The Scholar must:

- a. Pass the predefined qualifications and requirements of the scholarship program to the City Schools Division of Tayabas.
- b. Maintain a final average of at least 85% in Science, English, Filipino, and Mathematics.

Secure a clearance from the school teacher or principal certifying that the scholar is attending classes and still qualified in the program before claiming their scholarship benefits.

Enclosure 2:

COOPERATIVE SCHOLARSHIP PROGRAM

WAIVER AND DECLARATION FORM

(To be filled out and signed by the applicant)

Name of Applicant: _____

Age: _____

Date of Birth: _____

School: _____

Grade Level / Year: _____

Address: _____

Contact Number: _____

DECLARATION

I, the undersigned, hereby declare and certify that:

1. I am **not a recipient** of any other **private or government-funded scholarship program** at the time of this application.
2. I am **not related by blood or affinity, up to the fourth degree**, to any current member of the **Cooperative Scholarship Program Selection Committee**.
3. I understand that **any false declaration or misrepresentation** of the above information may result in the **revocation of my scholarship** and possible disqualification from future applications.

APPLICANT'S UNDERTAKING

I willingly submit this declaration as a requirement for my application to the Cooperative Scholarship Program. I understand that this form will be used as a basis for evaluating my eligibility.

Signature of Applicant: _____

Date Signed: _____

PARENT'S OR GUARDIAN'S CONSENT (*For minors*)

I, the undersigned, as the parent/legal guardian of the applicant, have read and understood the statements above and give my full consent to this declaration.

Name of Parent/Guardian: _____

Signature: _____

Date Signed: _____

Received By:

(To be filled out by the Scholarship Committee)

Received and verified by:

Name: _____

Signature: _____

Date Received: _____



REPUBLIC OF THE PHILIPPINES
CITY OF TAYABAS
QUEZON PROVINCE

OFFICE FOR THE DEVELOPMENT OF COOPERATIVE

March 10, 2026

MR. CELEDONIO B. BALDERAS JR.

Schools Division Superintendent
Schools Division of the City of Tayabas
Barangay Potol, Tayabas City

Dear Mr. Balderas,

Cooperative greetings!

As the school year is about to end this March, we would like to inform you that there are twelve (12) available slots for Grades 7 to 12 under the Cooperative Scholarship Program for School Year 2026-2027.

In this regard, we respectfully request your office for the widest dissemination of this information to all schools under the City Schools Division of Tayabas to encourage interested and qualified students to apply for the program.

Thank you very much for your support and cooperation. We look forward to your favorable response.

Cooperatively yours,

GENER B. ABORDO
City Cooperative Development Officer

COOPERATIVE SCHOLARSHIP PROGRAM

APPLICATION FORM

1x1
I.D. Picture

Instructions: Please read the General and Documentary Requirements. Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

1. PERSONAL INFORMATION

1.1. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Last Name, Extension Name (Jr., Sr.)	First	Middle
1.2. Complete Permanent Mailing Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Number, Street	Barangay	District
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City/Municipality	Province	Region
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email Address	Contact No:	Nationality

1.3. Sex	1.4 Civil Status	1.5 Are you a member of a Laboratory Cooperative?
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

1.6 Birthdate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month of Birth	Day of Birth	Year of Birth	Age

1.7 Birthplace	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City/Municipality	Province	Region

1.8 School Name	<input type="text"/>	1.11 Final Average on the following subjects:			
1.9 School Address	<input type="text"/>	SCIENCE	<input type="text"/>	FILIPINO	<input type="text"/>
1.10 Grade Level	<input type="text"/>	ENGLISH	<input type="text"/>	MATHEMATICS	<input type="text"/>

2. PARENTS/GUARDIAN INFORMATION

Father's Name	<input type="text"/>	Birthdate (mm/dd/yy)	<input type="text"/>
Occupation	<input type="text"/>	Are you a member of a Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Monthly Income	<input type="text"/>	If yes, please specify the name of the cooperative:	
Mother's Maiden Name	<input type="text"/>	Birthdate (mm/dd/yy)	<input type="text"/>
Occupation	<input type="text"/>	Are you a member of a Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Monthly Income	<input type="text"/>	If yes, please specify the name of the cooperative:	
Guardian's Name	<input type="text"/>	Birthdate (mm/dd/yy)	<input type="text"/>
Occupation	<input type="text"/>	Are you a member of a Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Monthly Income	<input type="text"/>	If yes, please specify the name of the cooperative:	
Relationship with the Applicant (for Guardian)	<input type="text"/>		

General Requirements

Scholars:

1. Must be a Filipino Citizens
2. Must be a resident of Tayabas City
3. Must be a high school learner from any public school in the City Division Office of Tayabas City.
4. Must have a final average of at least 85% in Science, English, Filipino, and Mathematics.
5. Must be in good health and capable of participating in a rigorous academic program.
6. Must not be a recipient of any private or government scholarship program.
7. Must not be an immediate family member of any of the members of the Selection Committee and Approving Committee of this program.
8. Must attend the Cooperative Scholarship Program Orientation.

Parents/Guardian

1. Must be a member of any cooperative in the City of Tayabas.
2. Must be indigent
3. Must attend the Cooperative Scholarship Program Orientation.

Documentary Requirements

Scholars:

1. 2 copies of the fully accomplished Cooperative Scholarship Program Form
2. 1 Photocopy PSA Birth Certificate
3. 2 copies of recent 1x1 ID pictures (computer-generated pictures will not be accepted)
4. Certified True Copy of the student's report card issued by the school principal
5. Recommendations from the Schools Division Superintendent and school principal
6. Certification of Laboratory Cooperative Membership from Guardian Cooperative if there is a Laboratory Coop in the school
7. Certificate of Attendance in the Cooperative Scholarship Orientation
8. Medical Certificate issued by the City Health Officer

Parents/Guardian

1. Certificate of Indigency from Brgy. Captain
2. Certification of Cooperative Membership from the BOD Chairperson.
3. Certificate of Attendance in the Cooperative Scholarship Orientation

I hereby allow you to use/post my contact details, name, email, cellphone/landline nos., and other information I provided which may be used to process my scholarship application and other purposes.

Agree

Disagree

This is to certify that the information stated above is true and correct.

APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

Received by:

SIGNATURE OVER PRINTED NAME

DATE RECEIVED