



Catholic Educational Association of the Philippines

NO.7 Road 16, Bagong Pag-asa, Quezon City

Tel. Nos. (02)926-5153; 926-0521 Fax: (02)426-2670 Email: ceapnational@yahoo.com

APPLICATION FOR MEMBERSHIP

To: The CEAP Board of Directors

Thru: The Executive Director

From: _____

Name of School _____

Address _____

Tel Nos. _____

Fax Nos. _____

Email Address _____

Year founded _____

Academic levels offered (please check):

Pre-elementary

Elementary

High School

College

Graduate School

Others: pls. specify

I have the honor to apply for probationary/regular membership of our school to the Catholic Educational Association of the Philippines (CEAP).

Below is the recommendation of our Religious Superior as required by the CEAP By-Laws. Enclosed is Check/PMO No. _____ corresponding to our admission fee,

We trust that this application will merit your kind approval.

Printed Name and Signature of Schoolhead

Position/Title

Recommending Approval:

Printed Name and Signature

Religious Superior (Pls. state formal designation)

Requirements: *This form should be submitted with 2 copies each.*

1. Formal letter of application signed by the school head
2. School Board resolution, duly signed by the board secretary authorizing application for CEAP membership
3. Bishop's certification that the school is genuinely Catholic in character and endorsement of its acceptance as CEAP member
4. School's Articles of Incorporation and By-Laws duly approved by the SEC with corresponding certificate
5. Copy of Government Recognition to operate each level (pre-elementary, elementary, secondary, tertiary, graduate school, whichever is applicable).
6. Religious Education Program offered regularly, with qualified Religion teachers and with complete syllabus for all levels
7. Copy of the school's organizational chart with list of Board Members and corresponding positions
8. Certification of a school's membership in a duly recognized retirement plan or program for its employees
9. Accomplished School Information Sheet with population and tuition per level
10. Recommendation of the CEAP Regional Director, after inspection of school programs, services and facilities and interview of school administrators and personnel.

PROCESSING FEES

Elementary	Ps	300.00
High School	Ps	300.00
College	Ps	500.00
University	Ps	1,000.00

For CEAP Use

Name/Initial _____
OR # _____
Date _____