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**Whole Person Education Academy Nomination Form**

The United Board for Christian Higher Education in Asia (United Board) is co-organizing with Ateneo de Manila University the **Whole Person Education Academy (WPEA)** on September 17 – 30, 2017 in Manila, Philippines.  This two-week program is in response to a felt-need among many institutions in Southeast Asia to be better at the tri-focal function of teaching, research and service, and at the same time to be equipped in whole person education – to develop persons intellectually, spiritually and ethically.

The WPEA is a training of trainers and will be in three phases. The first phase is the two-week intensive training in Manila on September 17 – 30, 2017. The second phase is the echo-training in their home institution/country.  The third phase is a harvest seminar to bring the trainers again for reflection on and evaluation of their echo-training experiences. Nominees are expected to complete the three phases of the program.

The nomination form is to be completed by the head of institution, and returned to [alaw@unitedboard.org](mailto:alaw@unitedboard.org) by **July 31, 2017**.

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| **Part I: Institution Information** | | | |
| Name of Institution: | | | |
| Institutional Website: | | | |
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| **Part II: Nomination** | | | |
| Name of Nominee: | | | |
| Years of Employment at the institution: | | | |
| Current Position: | | | |
| Anticipated Next Position: | | | |
| Highest Degree Earned: | | | |
| Email of Nominee: | | | |
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| 1. Has your institution participated in other programs or received a grant before? If so, please list all the programs and grants. **Yes/No** | | | |
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| 1. The United Board seeks to further the development of whole person education. Please describe how participation in this program might contribute to enhance whole person education in your institution. | | | |
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| **Part III: Endorsement by Head of Institution** | | | |
| I would like to nominate the above candidate for the Whole Person Education Academy. | | | |
| I would support the above candidate for the facilitation of an echo-training for faculty in my institution. | | | |
| Signature: | | | |
| Name: (Please Print Out Clearly) | |  | |
| Title: |  | | |
| Email: | | | Phone: |
| Date: | | | |