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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 16 – 29, 2018 in Quezon City, 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 16 – 29, 2018. 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. Participants 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 by **July 15, 2018**.

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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: |