

	FORM	Document No.	WVSU-OSA-SOI-01-F05
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity:	July 10, 2015
		Issued by:	OSA
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ACADEMIC SCHOLARSHIP FORM

_____ Semester, SY _____

Date: _____

THE PRESIDENT

This University

Sir/Madam:

May I apply for the start/continuance of my _____ Scholarship for the SY, _____, _____ Semester, I have complied with all the requirements for the said scholarship. Thank you.

Very truly yours,

Signature over Printed Name of Scholar

Course/Year & Section

Recommending Approval:

College Dean

Action Taken: () Approved () Disapproved

LEAH MAE C. CABALFIN, Ph. D.

Dean, OSA

PERSONAL DATA

Name of Student: _____ Course/Year & Sec.: _____

STFAP Bracket: _____ Age: _____ Birth Date: _____ Gender: _____

Contact Number: _____ Complete Home Address: _____

Scholarship enjoyed the previous semester: _____ Adviser: _____



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ACADEMIC DATA

Subject Taken (Previous Semester)	Grade	No. of Units	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GPA: _____ Total: _____ Certified Correct: _____
Adviser

CERTIFICATION

To whom it may concern:

This is to certify that _____ having obtained a GPA of _____ in the College of _____ for _____ semester, SY _____. He/She is entitled to a free tuition only for _____ semester, SY _____ (Art.117. Sec 4, University Code).

Director, Admissions and Records

Note: GPA 1.5, no grade lower than 2.0