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GOVERNMENT 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

NANCY S. SURMIEDA, Ph. D.

Dean, OSA

A. PERSONAL DATA

Name of Student: _____ Course/Year &

Section: _____ STFAP Bracket: _____ Name of Parents: _____

Age: _____ Birth Date: _____ Gender: _____ Complete Home

Address: _____ Contact

Number: _____ Scholarship enjoyed the previous term:

_____ Adviser: _____

