

	<b>FORM</b>	Document No.	<b>WVSU-OSA-SOI-01-F06</b>
		Revision No.	<b>0</b>
	<b>WEST VISAYAS STATE UNIVERSITY</b>	Date of Effectivity:	<b>July 10, 2015</b>
		Issued by:	<b>OSA</b>
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**WVSU-COM MEDICAL 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

**PERSONAL DATA**

Name of Student: \_\_\_\_\_ Course/Year & Sec.: \_\_\_\_\_

STFAP Bracket: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Complete Home Address: \_\_\_\_\_



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Scholarship enjoyed the previous semester: \_\_\_\_\_ Adviser: \_\_\_\_\_

**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 and miscellaneous fees only for \_\_\_\_\_ semester, SY \_\_\_\_\_.

\_\_\_\_\_  
COM Registrar