

	<b>FORM</b>	Document No.	<b>WVSU-OSA-SOI-01-F09</b>
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	<b>WEST VISAYAS STATE UNIVERSITY</b>	Date of Effectivity:	<b>July 10, 2015</b>
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**SERVICE GRANT FORM**

(For CSC's Councilors, College Publication Staffers, College Representative to the USC, Chief Justice & Members of the Student Supreme Court, Chairman and Members of the University Electoral Committee.)  
 \_\_\_\_\_ 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: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Scholarship/Grant: CSC Councilor, Staffer of College Publication, Chief Justice/Member of the Student Supreme Court, Chairman/Member of the Electoral Committee, Others (specify) \_\_\_\_\_ Adviser: \_\_\_\_\_

