SAMAS STATE (1)

	PRIVATE SCHOLARSHIP FORM	Document No.	WVSU-OSA-SOI-01-F01	
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_____ Semester, AY _____

Date: _____

Dean/Head, Office of Student Affairs This University / Campus

Madam/Sir:

This is to inform your office that I am a recipient of ______ Scholarship for the _____ Semester of Academic Year _____. I have complied with all the requirements of the said scholarship.

Thank you.

Respectfully yours,

Signature over Printed Name of Scholar

Noted:

Dean/Head, Office of Student Affairs

A. PERSONAL DATA

Name of Student (All Caps):								
Course,Year & Section:	Last Name	Given NameAge:	Extension Name Birth Date:	Middle Name				
Sex:Name of Pa	arents/Guardia	n:						
Contact Number: Em		ail Address:						
Complete Permanent Address:								
Scholarship enjoyed the previous semester:								

B. ATTACH THE FOLLOWING DOCUMENTS:

Contract/Notice of Scholarship/Certification Copy of Grades (IUIS/ Certification or other equivalent forms)