\_\_\_\_\_\_ Semester, AY \_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, Office of Student Affairs

This University

Madam/Sir:

May I apply for the start/continuance of my **Entrance** Scholarship for the AY, , Semester. I have complied with all the requirements of the said scholarship.

Thank you.

Respectfully yours,

Signature over Printed Name of Scholar

Year & Section

Recommending Approval:

Dean, College of Medicine

Action Taken: ( ) Approved ( ) Disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean, Office of Student Affairs

1. **PERSONAL DATA**

Name of Student (All Caps): ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name Given Name Extension Name Middle Name

Year & Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_Birth Date:\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_ Name of Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **CERTIFICATION**

To whom it may concern:

This is to certify that

(*Name of Scholar*)

having graduated as Summa Cum Laude/ Magna Cum Laude/ Cum Laude in a class of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ students from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during SY\_\_\_ .

(*No. of Graduates*) (*Name of School*)

He/ She is hereby given seventy-five percent (75%) / fifty percent (50%) / twenty five percent (25%) scholarship in tuition fee for \_\_\_ Semester, AY \_\_\_\_\_\_\_\_\_ (BOR Res. No. 40, s. 1987).

Registrar

1. **ATTACH THE FOLLOWING:**

* Certification from the School Head/ Registrar that the applicant graduated as Summa Cum Laude/ Magna Cum Laude/ Cum Laude and/or Transcript of Record (TOR) w/ remarks of Latin Honor and as to the number of graduates.
* Result of National Medical Admission Test (NMAT)
* Birth Certificate ( PSA)