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

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

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

Dean, Office of Student Affairs

This University

Madam/Sir:

 May I apply for the start/continuance of my \_\_\_**Service Grant** for the

AY, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Semester. I have complied with all the requirements of the said scholarship.

Please check the appropriate box:

|  |  |  |  |
| --- | --- | --- | --- |
|  | MSC Chairman  |   | Editor-in-Chief  |
|   | MSC Vice Chairman (External and Internal Affairs)  |   | Managing Editors  |
|   | Councilors  |   | Associate Editors  |
|   | Electoral Committee  |   | Editor Assistant  |
|  |  |  | All Other Staff |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

**B. CERTIFICATION:**

To whom it may concern:

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an official member of the WVSU \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for AY \_\_\_\_\_\_\_, \_\_\_\_\_ semester.

This entitles him/her to a **fifty percent (50%)/ thirty percent (30%) / twenty-five percent**

**(25%) exemption from tuition fees** (BOR Res. No. 53, s. 2022 as amended by the BOR Res. No. 11, s. 2017).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dean, College of Medicine

**Note:**

|  |
| --- |
| **Medicine Student Council** |
| **Position** | **Discount Rate** |
| Chairman | 50% |
| Vice Chairman( External &Internal Affairs) | 30% |
| Councilors and Electoral Committee | 25% |

|  |
| --- |
| **Vital Signs** |
| **Position** | **Discount Rate** |
| Editor-in- Chief | 50% |
| Managing Editors | 30% |
| Associate Editors | 30% |
| All other Staff | 25% |

1. **ATTACH THE FOLLOWING DOCUMENTS**

* Copy of grades (must have a load of at least 15 academic units; no grade lower than 2.5; no incomplete grades).
* Letter of recommendation from the adviser vouching that they have faithfully served the council and have liquidated all financial obligations in previous semesters
* Have come up with one or two publications in the immediate previous semester for publications.