	FREE HIGHER EDUCATION (FHE) FORM	Document No.	WVSU-OSA-SOI-01-F06
		Issue No.	1
		Revision No.	2
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	June 9, 2023
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_____ Semester, AY _____

Date: _____

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

Madam/Sir:

May I apply for the start/continuance of my **Free Higher Education Grant** for the
_____ Semester of Academic Year _____.

Thank you.

Respectfully yours,

Signature over Printed Name of Scholar

Noted:

Dean College of /Director School of _____

Dean/Head, Office of Student Affairs

A. PERSONAL DATA

Learner's Reference Number (LRN) from DepEd: _____ Student ID No. _____

Name of Student (All Caps): _____
Last Name Given Name Extension Name Middle Name

Sex: _____ Birth Date: _____ Civil Status: _____ Age: _____


Course, Year & Section: _____

Name of Father (All Caps): _____
Last Name Given Name Extension Name Middle Name

Occupation: _____ Highest Educational Attainment: _____

Maiden Name of Mother (All Caps) : _____
Last Name Given Name Middle Name

Occupation: _____ Highest Educational Attainment: _____

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Complete Permanent Address: _____
Street & Barangay
Province
Town/City/Municipality

Total Assessment: _____ DSWD Household No. (For 4Ps Beneficiaries only): _____

TOTAL Household Income (Annual): _____ Disability if any: _____

Contact Number: _____ Email Address: _____

Special Group/ Ethnicity: _____ Religious Affiliation: _____

Are you enjoying other scholarship/financial assistance? ☐ YES ☐ NO

If YES, please specify: _____