



# West Visayas State University

(Formerly Iloilo Normal School)

Luna St., La Paz, Iloilo City 5000

Iloilo, Philippines

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## SCHOLARSHIP APPLICATION FORM

(Under the Republic Act no. 10931, known as the "Universal Access to Quality Tertiary Education Act")

Instructions: Fill in all the required information. Do not leave an item blank. If item is not applicable, indicate "N/A".

PERSONAL INFORMATION	
Name: _____ (Last Name, Put extension if any, i.e. Jr. III) (First Name) (Middle Name)	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Student ID: _____ (mm/dd/yyyy)	
Permanent Home Address: _____ (St. Barangay) (Town/City/Mun.) (Province) (Zip Code)	
Place of Birth: _____	
Mobile Number: _____ Email Address: _____	
Course (include major/specialization): _____	
Year Level: _____ Number of Units Enrolled for _____ Semester SY 20____ – 20____ : _____	
Learner's Reference Number (LRN) from DepEd (if available): _____	
Student Type: <input type="checkbox"/> Continuing (Old) <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> New Enrollee <input type="checkbox"/> Returning Student	For New Enrollee: Name of School Last Attended: _____ School Address: _____ For Returning Student: School Year last attendance: _____ Semester: _____
Are you a StuFAP Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES <input type="checkbox"/> Partial Merit <input type="checkbox"/> Half-Merit <input type="checkbox"/> Tulong-Dunong <input type="checkbox"/> Others please specify: _____ Amount of StuFAP: _____	
Are your parents 4P's Beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please indicate the DSWD Household No.: _____ Type of Disability (if applicable): _____ Indigenous Group Membership (if applicable) _____	
FAMILY BACKGROUND	
Father: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother (Maiden Name) : <input type="checkbox"/> Living <input type="checkbox"/> Deceased
Name: _____ (Last Name) (First Name) (Middle Name)	Name: _____ (Last Name) (First Name) (Middle Name)
Occupation: _____	Occupation: _____
Educational Attainment: _____	Educational Attainment: _____
Total Household Income: _____	No. of siblings in the family: _____
Are you enjoying other educational/financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: <input type="checkbox"/> CHED Full Merit <input type="checkbox"/> CHED Half Merit <input type="checkbox"/> DOST <input type="checkbox"/> ESGP-PA <input type="checkbox"/> CHED Tulong-Dunong <input type="checkbox"/> Tulong-Dunong (District: _____ ) <input type="checkbox"/> Local Government Unit (LGU) <input type="checkbox"/> Other Government Agencies, please specify: _____ <input type="checkbox"/> Private Sponsor/Agency, please specify: _____ Amount of grant/assistance: _____	
I HEREBY CERTIFY that all information indicated in this form are true and correct and that any concealment or misrepresentation of facts therein found will adversely affect my application.  _____ (Signature over Printed Name of Applicant)  _____ Date Accomplished	
Checked by:  <b><u>NERFINA R. MACATUAY</u></b> Scholarship Coordinator	Approved by:  <b><u>NANCY S. SURMIEDA, Ph. D.</u></b> Dean / Head, Office of Student Affairs