	FREE HIGHER EDUCATION (FHE) FORM	Document No.	WVSU-OSA-SOI-01-F09
		Issue No.	1
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	July 15, 2021
		Issued by:	OSA
		Page no.	Page 1 of 2

(Free Higher Education Form)
 _____ Semester, AY _____

Date: _____

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

Madam:

May I apply for the start/continuance of my _____
 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

 Course/Year & Section

Recommending Approval:


 Dean College of /Director School of _____

Action Taken: () Approved () Disapproved

 Dean/Head, Office of Student Affairs

A. PERSONAL DATA

Name of Student: _____ Course/Year
 & Section: _____ Age: _____ Birth Date: _____ Gender: _____
 Permanent Home Address: _____

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Mobile Number: _____ Email Address: _____

Learner's Reference Number (LRN) from DepEd (If available): _____

Are your parents 4P's Beneficiaries? _____ If YES, please indicate the DSWD

Household No.: _____ Name of Father: _____

Occupation of Father: _____

Educational Attainment of Father: _____

Name of Mother: _____ Occupation of Mother: _____

Educational Attainment of Father: _____

TOTAL Household Income (Annual): _____

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

If YES please check the box: ☐ CHED Full Merit ☐ CHED Half Merit ☐ DOST ☐ GSIS

☐ CHED Tulong-Dunong ☐ Tertiary Education Subsidy (TES) ☐ OWWA

☐ Other Government Agencies, please specify: _____

☐ Private Sponsor/Agency, please specify: _____

B. ATTACH THE FOLLOWING DOCUMENTS:

4Ps ID, Notice of Award, Contract of scholarship, Certification of scholarship, etc.