

☐

New

☐

Renewal

## CENTRO ESCOLAR UNIVERSITY

Manila \* Makati \* Malolos

## SCHOLARSHIP AWARD FORM

STUDENT NO.	LAST NAME		FIRST NAME		M.I.	COURSE/MAJOR		YR. & SEC.
SEMESTER		SCHOOL YEAR			SEMESTER		SCHOOL YEAR	
FIRST					SECOND			
SUBJECTS TAKEN	RATING	UNITS	WEIGHTED RATING	SUBJECTS TAKEN	RATING	UNITS	WEIGHTED RATING	
WEIGHTED AVERAGE								
GENERAL WEIGHTED AVERAGE								
TITLE OF THE AWARD				DURATION OF THE AWARD				
DISCOUNT PRIVILEGE GRANTED				_____ % ON TUITION FEES				
				_____ % ON MISCELLANEOUS				
				_____ OTHERS				
SCHOLARSHIP/GRANT ENJOYED IN PREVIOUS YEAR/SEMESTER								
RECOMMENDED BY: DEAN/PROGRAM HEAD				DATE	VERIFIED BY: ADMISSIONS AND SCHOLARSHIPS COORDINATOR/SRA IN-CHARGE			DATE
APPROVED BY: University Registrar/Registrar						DATE		
Copies to: Student, OUR/Registrar, Dean/Program Head, Accounting Dept./Section								
ROF 015								
Rev. 2 07/02/2021								

