

☐ 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	
APPROVED BY: University Registrar/Registrar							DATE	

Copies to: Student, OUR/Registrar, Dean/Program Head, Accounting Dept./Section

ROF 015

Rev. 2 07/02/2021