

Office of Registrar and Admissions
Ground Floor, Hibbard Hall, Silliman University
Dumaguete City

ACADEMIC SCHOLARSHIP APPLICATION FORM

2nd Semester, School Year 2017-2018

(This application must be filed on or before the fourth week after the start of the regular schedule of classes for the semester.)

NAME: _____

COURSE: _____ YEAR LEVEL: _____

NO. OF UNITS (1st sem 2017-2018): _____ TERM QPA (1st sem 2017-2018): _____

NO. OF UNITS (2nd sem 2017-2018): _____

DUMAGUETE CITY ADDRESS: _____

NAME OF FATHER: _____ OCCUPATION: _____

NAME OF MOTHER: _____ OCCUPATION: _____

OTHER SCHOLARSHIP AWARDS/GRANTS RECEIVED (please check appropriate box)

AMOUNT OF GRANT

SU Faculty/Staff Dependent

SU Financial Assistance

Others, _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINTED NAME AND SIGNATURE OF STUDENT

DATE SIGNED: _____

QUALIFICATIONS:

Class A – must have a term quality point average (tQPA) of “3.50” and above, with no grade below “2.0”, no “F”, “INC”, “NG” and “W” grades in the previous semester.

Class B – must have a term quality point average (tQPA) of “3.25” to “3.49”, with no grade below “2.0”, no “F”, “INC”, “NG” and “W” grades in the previous semester.

FOR CONFIRMATION BY THE SCHOLARSHIP SECTION

No. of Units: _____ TQPA: _____

CLASS TYPE: (please check appropriate box)

Class A

Amount of Grant (Php):

6,730.00

Class B

5,020.00

Remarks: _____

Checked by: _____ Date: _____

Note: Please attach a printed copy of your complete grades in the 1st sem of SY 2017-2018. Incomplete grades will not be accepted.