# LICEO DE CAGAYAN UNIVERSITY

Cagayan de Oro City

## APPLICATION FOR ACADEMIC SCHOLARSHIP

| **APPLICATION FOR:** | Semester: | School Year: |
|---|---|---|

**Please process this application in the sequence indicated. Kindly write in BLOCK LETTERS. Thank you.**

| | | |
|---|---|---|
| LAST NAME | FIRST NAME | MIDDLE NAME |

| | | | | |
|---|---|---|---|---|
| GENDER | AGE | CURRENT COURSE | MAJOR | CURRENT YEAR LEVEL |

| | | |
|---|---|---|
| IF OLD STUDENT, NUMBER OF YEARS IN LICEO | HIGH SCHOOL ATTENDED | SCHOOL ADDRESS |

| **SCHOLASTIC DISTINCTIONS OR HONORS IN HIGH SCHOOL** (Please tick): | | | | | |
|---|---|---|---|---|---|
| | Valedictorian | | Salutatorian | | High Academic Performance |
| | Other Honors. Please specify: | | | | |

**I hereby certify that all supporting documents submitted relative to this application are authentic. I also agree that my scholarship will be forfeited should there be a violation or non-compliance to the University policies in connection to my scholarship.**

Applicant's Signature: _____Date Signed: _____

E-mail Address (Please use your Liceo E-mail): _____

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### A. FOR THE OFFICE OF THE UNIVERSITY REGISTRAR

**Documents Submitted (must be complete)**

_____ Form 138 (for recent SHS graduate)
_____ School Certification (for Honor student in SHS)
_____ Transcript of Records (for old student)
_____ Most Recent Grades (for old student)

Others, please specify:
1. _____
2. _____
3. _____

**For transferees, one semester residence is required prior to this application.**

Quality Point Average (QPA): _____ Verified by: _____

University Registrar: _____

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### B. FOR THE OFFICE OF THE COLLEGE DEAN

_____ Endorsed to the Scholarship Committee _____ Not endorsed

College Dean: _____

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### C. FOR THE SCHOLARSHIP COMMITTEE

**Details of Recommended Scholarship**

_____ Full Scholarship
_____ Half Scholarship
_____ Partial only ( _____% )
_____ Tuition only
_____ Other Fees

_____ Books
_____ Uniform
_____ Others, please specify:
_____
_____

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### D. FOR THE OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

| | | Recommending Approval: | **APPROVED:** |
|---|---|---|---|
| | Endorsed as recommended | | |
| Endorsed only the following: | | | |
| | a. Partial (_____%) | | |
| | b. Tuition only | | |
| | c. Other Fees | _____ | **DR. ALAIN MARC PELAEZ GOLEZ** |
| | d. Books | Vice President for Academic Affairs | University President |
| | e. Uniform | Chairman, Scholarship Committee | |
| | | Date: _____ | Date: _____ |

**THE APPROVAL IS VALID ONLY FOR THE TERM INDICATED ABOVE.**