



Reference No.: BatStateU-FO-HRD-11

Effectivity Date: May 21, 2018

Revision No.: 01

Republic of the Philippines  
**BATANGAS STATE UNIVERSITY**  
Batangas City

OFFICE OF THE DIRECTOR FOR ADMINISTRATION SERVICES

2x2

**Title: PERSONNEL SCHOLARSHIP APPLICATION FORM**

**I. PERSONAL PROFILE**

A. NAME OF APPLICANT		DATE OF BIRTH:		AGE:
B. DEPARTMENT				
C. CAMPUS				
D. NUMBER OF YEARS IN BATSTATEU		PERMANENT	TEMPORARY	CONTRACTUAL
E. CONTACT NUMBER				
F. ADDRESS				
G. E-mail ADDRESS				
H. PERSON TO BE CONTACTED IN CASE OF EMERGENCY				
(Please include contact number)				

**II. EDUCATIONAL ATTAINMENT**

A. VOCATIONAL COURSE/S	FROM	TO	SCHOOL
B. BACHELOR'S DEGREE/S			
C. POST GRADUATE DEGREE/S			

**III. SCHOLARSHIP DETAILS**

A. TYPE OF SCHOLARSHIP APPLIED FOR	B. ADMISSION
FULL-TIME LOCAL INTERNAL	SCHOOL
FULL-TIME LOCAL EXTERNAL	
FULL-TIME FOREIGN	
PARTIAL LOCAL INTERNAL	DURATTION (A.Y. _____ to A.Y. _____)
PARTIAL LOCAL EXTERNAL	
TRAINING	PROGRAM
WITH SPONSOR	
SPONSORING AGENCY:	

**IV. PREVIOUS SCHOLARSHIP GRANT**

A. TYPE OF SCHOLARSHIP APPLIED FOR ( )	B. ADMISSION
FULL-TIME LOCAL INTERNAL	SCHOOL
FULL-TIME LOCAL EXTERNAL	
FULL-TIME FOREIGN	
PARTIAL LOCAL INTERNAL	DURATTION (A.Y. _____ to A.Y. _____)
PARTIAL LOCAL EXTERNAL	
TRAINING	PROGRAM
WITH SPONSOR	
SPONSORING AGENCY:	



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**V. REASON FOR APPLICATION**

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**VI. CERTIFICATION AND APPROVALS**

I HEREBY CERTIFY THAT: 1) I PERSONALLY PREPARED THIS APPLICATION FORM; 2) THE ENTRIES HEREIN ARE TRUE AND CORRECT; 3) I HAVE MET THE REQUIREMENTS OF THE SPONSORING AGENCY, IF THERE IS ANY, FOR THIS SCHOLARSHIP; 4) THAT I HAVE NOT BEEN CONVICTED OF ANY CRIMINAL OR ADMINISTRATIVE OFFENSE; AND 5) I AM WILLING TO ENTER INTO A SCHOLARSHIP CONTRACT UPON APPROVAL OF THIS APPLICATION.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT FUNDS ARE AVAILABLE FOR THE SCHOLARSHIP APPLIED FOR.

\_\_\_\_\_  
**NAME**  
University Accountant

I HEREBY CERTIFY THAT THE APPLICANT ATTAINED THE QUALIFICATIONS FOR THE SCHOLARSHIP APPLIED FOR AS PROVIDED IN THE UNIVERSITY GUIDELINES.

\_\_\_\_\_  
**NAME**  
Director for Administration Services

I HEREBY CERTIFY THAT THE APPROVAL OF THIS APPLICATION IS IN ACCORDANCE WITH THE THRUST AND PRIORITIES OF THE UNIVERSITY/DEPARTMENT AS PER THE STRATEGIC PLAN; AND THAT THE APPLICANT HAS THE COMPETENCE TO PURSUE THE PROGRAM APPLIED FOR.

\_\_\_\_\_  
DEAN/ DIRECTOR

\_\_\_\_\_  
**NAME**  
VP for Academic Affairs

APPROVED:

\_\_\_\_\_  
**NAME**  
University President

**Required Attachments:**

- a) Proof of Admission,
- b) Study Plan with Summary of Expense,
- c) Investment Plan
- d) Reentry/Action Plan,
- e) Service Record,
- f) Proof of conferment of COE/COD/ Level III accreditation or higher/CHED approved DHEI,
- g) NBI Clearance,
- h) Certificate of no pending case,
- i) Medical Certificate with x-ray
- j) PSA Birth Certificate
- k.) Certification of subjects taught signed by the Dean, and
- l) Endorsement from College Dean

\*Note: All documents must be certified true copy