



Application for Student Scholarship Grant

I, \_\_\_\_\_, would like to be considered for the USAPMTIAA Student Scholarship grant under the guidelines set forth by its donor. I also certify that I personally completed this form and that all information contained herein is true and accurate to the best of my knowledge and belief.

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Name and Signature of Applicant

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Date

**Part I. Personal Information:**

Full Name (Last, First, Middle): \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Program (Please check one):  BS Phar  BS MLS  Others (\_\_\_\_\_)

Current Year (Please check one):  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Part II. Personal Statement** (*In brief, please write a statement on why you should be chosen for a USAPMTIAA Student Scholarship Grant.*)

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Name and Signature of Applicant

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Date



**Part III. Dean's Endorsement**

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Date

Committee on Education and Scholarships  
USAPMTIAA

Re: \_\_\_\_\_  
(Full Name of Applicant)

Dear Committee Members,

I would like to recommend the above-named student for a USAPMTIAA Student Scholarship Grant as stipulated by the guidelines set forth by its donor. Moreover, I would like to certify that this student is currently enrolled at the College of Pharmacy and Medical Technology, University of San Agustin, Iloilo City, Philippines.

I will appreciate your favorable response to this application.

Sincerely yours,

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**Jose Perez**  
Dean,  
College of Pharmacy & Medical Technology