



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.

Name and Signature of Applicant 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): _____ 1st _____ 2nd _____ 3rd _____ 4th

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

Name and Signature of Applicant Date



Part III. Dean's Endorsement

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,

Jose Perez
Dean,
College of Pharmacy & Medical Technology