



# AMA Foundation, Inc.

Broadening Educational Opportunities for Filipinos Since 1985

## REINSTATEMENT REQUEST FORM

Date of Application \_\_\_\_\_

I would like to formally request for the reinstatement of my scholarship/tuition discount privilege for the following:

Type of Scholarship \_\_\_\_\_ School Period applied for \_\_\_\_\_

I understand that the approval for the reinstatement of my scholarship is at the discretion of the AMA Foundation and I shall adhere to any of its decision regarding this application.

Name of Student: \_\_\_\_\_ Signature \_\_\_\_\_  
 Family Name Given Name Middle Name Student ID No: \_\_\_\_\_  
 Branch / Unit / Location \_\_\_\_\_ Yr. Level \_\_\_\_\_ Course \_\_\_\_\_  
 Contact Address \_\_\_\_\_ Telephone/Cell # \_\_\_\_\_

### BRANCH-Level Endorsements

1. This is to certify that the student named herein has a current General Weighted Average (GWA) of \_\_\_\_\_ for this school period based on his/ her grades from the last school period. Remarks (if any): \_\_\_\_\_
2. This is to certify that the student named herein was enrolled during the last school period for \_\_\_\_\_ academic units which was [ ] WITHIN the required load / [ ] LESS than required load. Remarks (if any): \_\_\_\_\_
3. This is to certify that the student named herein has [ ] NO derogatory records against the school or the AMA Foundation, / [ ] EXISTING derogatory records, specifically: \_\_\_\_\_

<b>Student Affairs</b>	Full Name (Print)	Signature	Date
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<b>Dean/Principal</b>	Full Name (Print)	Signature	Date
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<b>Registrar</b>	Full Name (Print)	Signature	Date
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4. This is to certify that the student named herein has [ ] No Outstanding Balance based on Accounting Record for this Trimester / [ ] with Existing Balance amounting to PhP \_\_\_\_\_ Particulars: \_\_\_\_\_

**ACCOUNTING** Comments (if any): \_\_\_\_\_

<b>Spvr./Manager</b>	Full Name (Print)	Signature	Date
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5. This is to endorse the [ ] REINSTATEMENT of scholarship / [ ] NON-Reinstatement of scholarship of the student named herein because of \_\_\_\_\_

<b>School Director</b>	Full Name (Print)	Signature	Date
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### Required Attachments (check all that applies):

- [ ] Photocopy of True Copy of Grades [ ] Last period Notice of Scholarship  
 [ ] Accounting –Balance Computation [ ] Others, specify: \_\_\_\_\_

**AMA Foundation ONLY** Date Received \_\_\_\_\_ Name/Signature (Program Specialist) \_\_\_\_\_

Completeness Check: [ ] Complete [ ] Incomplete Action Taken \_\_\_\_\_

Re-completion of Requirement (Date Submitted and Other Remarks): \_\_\_\_\_

Last School Period Attended without scholarship Program School Year \_\_\_\_\_ Trimester/Semester \_\_\_\_\_

Academic Standing for the last school period GWA \_\_\_\_\_ Lowest Grade Obtained \_\_\_\_\_

Last School Period with Scholarship Program School Year \_\_\_\_\_ Trimester/Semester \_\_\_\_\_

Benefit Last Enjoyed Discount % \_\_\_\_\_ /Application of Discount \_\_\_\_\_

Number of School Period without Scholarship Program \_\_\_\_\_

Endorsement [ ] For REINSTATEMENT [ ] SAME Amount & Application of Discount

[ ] MODIFY Benefit – Discount \_\_\_\_\_ in Percent

Application of Discount \_\_\_\_\_

[ ] For NON-Reinstatement Reason \_\_\_\_\_

<b>Executive Director</b>	Full Name (Print)	Signature	Date
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