



AMA Foundation, Inc.

Broadening Educational Opportunities for Filipinos Since 1985

SCHOLARSHIP RENEWAL FORM

Revised 7 February 2003

Date of Application

Student's Name: Mr./Ms. _____
 _____ Family Name Given Name Middle Name
 Type of Scholarship Program: _____
 Branch / Unit / Location: _____
 CHANGES in Home Address: [] Yes [] No Give NEW Address below (if Yes)

Student ID no: _____
 Year / Grade Level: _____
 Course : _____
 School Year / Period: _____
 GRADUATING this Tri/Sem: : [] Yes [] No

- This is to certify that the student named here has [] NO derogatory records against the school or the Foundation, / [] EXISTING records, specifically: _____
- This is to certify that the student named here has a current GWA of _____ for this school period based on his/ her grades from the last school period, and a Year-to-Date* GWA of _____. (*Write NA – If Not Applicable.) Attach True Copy of Grades.
- This is to certify that the student named here was enrolled last school period for _____ academic units which was [] WITHIN the required load / [] LESS than required load. Remarks (if any): _____
- This is to certify that the student named here currently holds "Leadership" position of _____ (for Student Leaders only)

Student Affairs	Full Name (Print)	Signature	Date
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Dean/Principal	Full Name (Print)	Signature	Date
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Registrar	Full Name (Print)	Signature	Date
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The student named here has [] No Outstanding Balance with Accounting / [] with Existing Balance amounting to PhP _____

ACCOUNTING Spvr. /Manager	Comments (if any): _____	Signature	Date
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School Director's Endorsement	Date
Name / Signature	
Remarks if any	

SCHOLARSHIP REQUIREMENTS (See Discount Basis for Percentage and Coverage)

Common for RENEWAL
 _____ Min Load (College 15; Tech-Voc 11) _____ No Failing / UD Mark
 Specific for RENEWAL
 _____ Minimum GWA (Val/Sal, AcaEx, AMASr – 1.75; SL – 2.5; Pres, STF – Pass)
 _____ Min Grade/subject (Val/Sal, AcaEx, AMASr, SL – 2.5; Pres, STF – Pass)
 _____ Retain Student Lead Position (SL only)
 Specific for NEW applicants
 _____ Incoming Freshmen only (Val/Sal, AMASr) _____ Student Leader (SL)
 _____ Pass Competitive Exams (AMASr) _____ One Yr Resident (AcaEx)

- CHECKLIST Required Documents**
- Common for NEW Applicants
- Application for Fin. Aid
 - Agreement for Scholarship
 - Scholarship Slot Availability
- Specific for NEW Applicants
- HS Card – Val/Sal; AcaEx; STF
 - Principal Certification - Val/Sal
 - True Copy of Grades - 1 Yr - AcaEx
 - Endorsement from 3rd Party - Pres
 - Competitive Exams - AMASr
- Common for RENEWAL
- Scholarship Renewal Form
 - True Copy of Grades
 - Last Approved Scholarship Notice
 - Certificate of Registration (COR)
 - Accounting – Balance Computation
 - Scholarship Slot Availability
- Specific for RENEWAL
- Photocopy OR – Renew fee – STF
 - Re-Endorsement of 3rd Party – Pres
 - Others, specify _____

- BASIS of DISCOUNTS** (Check One Only)
- VAL/SAL* (on TF only)
 - _____ 100% for Valedictorian
 - _____ 50% for Salutatorian
 - Acad. Excellence* (on TF/Lab)
 - _____ 100% for 1.00 – 1.25
 - _____ 75% for 1.26 – 1.50
 - _____ 50% for 1.51 – 1.75
 - Student Leaders* (on TF/Lab)
 - _____ 100% for SC Pres, Ed-n-Chief
 - _____ 50% - SC VP/Councilors (5 yr)
 - Presidential*
 - _____ At Chairman's discretion
 - Subsidized TF (50% on ALL Fees)
 - AMA Senior Grant* (100% - TF/Lab)

- MONITORING Section**
- Student Population _____
 - Scholarship Slot (1: x) _____
College-250 / Tech-100 _____
 - Less: Approved Scholars _____
SG No. _____
 - Less: Pending Approval _____
SG No. _____
 - Less: This Request _____
SG No. _____
 - Balance _____

*Note - Only ONE grantee for all other type of scholarship is selected for every 250 students, except for STF.

AMAES AUDIT – Review
Name / Signature
Date

AMAES Finance -Verification
Name / Signature
Date

AMA Foundation Completeness Check
Date Received _____
[] COMPLETE [] INCOMPLETE
Action Taken

Additional Remarks (if any) – *Mention references or agreement related to scholarship (e.g. MOA., etc)*

AMAFI Review / Endorsement
 [] For RENEWAL [] NON-Renewal
 Remarks, if any

 Executive Director Name / Signature Date

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

 Program Specialist Name / Signature