

Legal Name _____

(Name in Birth Certificate)

LAST NAME

FIRST NAME

MIDDLE NAME

ATENEO DE MANILA UNIVERSITY

LOYOLA SCHOOLS

Office of Admission and Aid

SCHOLARSHIP RECOMMENDATION FORM

INSTRUCTIONS

To the Applicant:

- Please write your name above **using ink**.
- Give this form to the **person who knows you well enough** and currently holds a position of authority over you in your present school (e.g., guidance counselor or teacher). Kindly supply him/her with an envelope.
- By submitting this form to the OAA in a sealed envelope, you understand that the information provided here will be used for evaluation purposes of the Committee on Admission and Aid. Hence, it will not be made available to you.

**To the Person
Recommending:**

- The student above is an applicant for Scholarship to the Ateneo de Manila University. The Committee on Admission and Aid will appreciate your opinion on the points stated below.
- Please make your judgment carefully and fill out the form completely as it will surely be used in the evaluation of financial need and merit of the applicant.
- After filling out this form, please put it in an envelope, seal and sign across the flap and return to the applicant.
- Countersign erasures and corrections made. All information will be kept confidential. Thank you for your assistance.

GENERAL EVALUATION

DO NOT leave blank. Use back of form, if needed.

1. How long and in what capacity have you known the applicant? _____

2. What are his/her best traits as a student and/or as a leader? _____

3. In what ways is he/she of service to the school and the community? _____

4. Is the applicant a recipient of any academic grant, financial aid, or tuition discount in high school? Please specify.

5. Is the applicant applying to other government and private scholarship grants (e.g., DOST, other Foundations)? Please specify.

6. Describe briefly the family's financial situation.

OVERALL RECOMMENDATION

DO NOT OMIT THIS PART. Please check one.

RECOMMENDED FOR FULL SCHOLARSHIP

RECOMMENDED FOR PARTIAL SCHOLARSHIP

RECOMMENDED WITH RESERVATION

NOT RECOMMENDED FOR SCHOLARSHIP

PLEASE DO NOT LEAVE THIS PART BLANK

Accomplished by: _____
Signature: _____
Position: _____
Subject taught: _____

Official Name of School: _____
Contact Number/s: _____