



Republic of the Philippines
ISABELA STATE UNIVERSITY
 Echague, Isabela

OFFICE OF STUDENT AFFAIRS & SERVICES

SCHOLARSHIP CONTRACT

Date: _____

Contact/CP# _____

I, _____,
Student no. Name of Student Course, Year & Sec.

Complete Home Address

Having been awarded the _____ Scholarship program effective _____ Semester
 (*Name of Scholarship*)
 School Year **20__ - 20__** by **Isabela State University-Echague** and consideration of the privilege granted by reason of such assistance hereby accepts the said educational assistance and binds myself to the following conditions:

That I shall:

1. Maintain excellent moral character and integrity;
2. Strive to obtain and maintain a general weighted average of _____ at the end of each semester.
3. Comply with all the rules and regulations promulgated by the Isabela State University, particularly on the following:
 - 3.1 To enrol in the regular semester load prescribed in the approved curriculum for the course.
 - 3.2 To have no failing, grades in all my enrolled subjects:
 - 3.3 To submit my school records to the Office of Student Affairs & Services (OSAS) such as:
 - 3.3.1 Photocopy of registration form.
 - 3.3.2 Photocopy of I.D. back to back.
 - 3.3.3 Original copy of certification of grades certified by the registrar.
 - 3.4 Other pertinent documents required by the Scholarship Unit.
 - a. **Failure to submit these requirements shall cause the temporary suspension of my educational assistance**
 - b. To report to Scholarship sponsor in person as after as necessary and to submit papers as maybe requested.
4. That I accept any of the following to be sufficient cause for the termination of my educational assistance.
 - a. Found to be non-bonafide member/ officer of **SSC Officers/Athletics/Socio-Cultural/Forum/ROTC.**
 - b. Violated any rules and regulations prescribed under University Scholarships Assistance Program found in the University Handbook.
 - c. Found to have tampered or falsified the required documents.
 - d. Found to be physically and mentally unfit to continue my educational assistance.
 - e. Incurred failing grades in the previous semester.
 - f. Inability to complete/incomplete grades incurred during the previous semester within the prescribed period allowed by the University.
 - g. Extension of the period of completion of the course beyond that which is prescribed in the approved curriculum of the school.
 - h. Commission of any act of immortality, drunkenness, dishonesty, discourtesy or any form of misconduct in the violation of the norms and conduct prescribed under the University Student Manual.
 - i. Deliberate or wilful to pay just and valid obligation with the University.
5. That I accept the foregoing conditions with the full knowledge that failure to maintain the requirements of the Scholarship Assistance Program, or for reasons of my behavior or wilful violation of the established rules, regulations and policies by the University, I shall lose my educational assistance.

I have hereunto affixed my signature this _____ day of _____, in Isabela State University, Echague, Isabela.

 Signature above printed name

 Date

Conforme:

 Father

 Mother

APPROVED:

REY V. UMayAM, RPm
 Campus Scholarship Coordinator