

CERTIFICATE OF ELIGIBILITY

for Scholarship

This is to certify that the following individual has fulfilled the requirements and is hereby deemed **eligible** to receive a scholarship under the specified program.

Name of Student:

Date of Birth:

Student ID Number:

Program:

Academic Year:

Scholarship Grant:

The student has met all the criteria set forth by the scholarship committee and is recommended for the above-mentioned scholarship award.

Date of Issue:

Name & Signature:

Position:

Office/Department: