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|   |   | XAVIER UNIVERSITY - ATENEO DE CAGAYAN |
|   |   | ADMISSIONS AND AID OFFICE  |

 LH 102, CORRALES AVENUE, 9000, CAGAYAN DE ORO CITY

**TEL. NO**. 853-9800-9157 **Email** aao@xu.edu.ph **Website:** [www.xu.edu.ph](http://www.xu.edu.ph)

**ALGCIT SCHOLARSHIP RECOMMENDATION FORM**

**(SENIOR HIGH SCHOOL SCHOLARSHIP)**

**DEADLINE FOR SUBMISSION OF HARDCOPY APPLICATION WILL BE ON**

**DECEMBER 7, 2017**

 Applicant’s Name:

 LAST NAME FIRST NAME MIDDLE NAME

|  |  |  |
| --- | --- | --- |
|   | Name of School:  |   |
|   | School Address:  |   |
|   | Residential Address:  |   |

**TO THE APPLICANT:** Write your name and address above. Choose two persons who know you well and have held positions of authority over you in your present school; e.g., your subject teacher, adviser, or principal. Give a copy of this form to each of these two persons. Provide each of them with an envelope.

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| --- | --- | --- | --- | --- |
|  | Above Average | Average | Below Average | No Chance to Observe |
| 1. Intellectual Ability |  |  |  |  |
| 2. Communication Skills : Oral |  |  |  |  |
| Written |  |  |  |  |
| 3. Diligence in study habits |  |  |  |  |
| 4. Ability to work with others |  |  |  |  |
| 5. Leadership Ability |  |  |  |  |
| 6. Service : School |  |  |  |  |
| Community |  |  |  |  |
| 7. Integrity |  |  |  |  |
| 8. Emotional Stability |  |  |  |  |

Ranking - as of Second Quarter of Grade 10

 a. Number of students in class or section: Rank (Kindly check)

Top 10: Upper Third:

Middle Third: Lower Third:

b. Total number of students (Batch) : Rank (Kindly check)

Top 10: Upper Third: Middle Third: Lower Third:

**TO THE PERSON RECOMMENDING:** The candidate above is an applicant for a Xavier University Senior High School Scholarship. The Scholarship Board would appreciate your opinion on the points stated above to aid them in evaluating the applicant. Please make your judgement carefully.

After accomplishing this form, please put in an envelope, seal and sign on the flap of the envelope before returning

it to the applicant. Unsealed and unsigned recommendation will not be accepted. Thank you for your cooperation.

**Please check one:**

 I strongly recommend the candidate for a scholarship.

 I recommend the candidate for a scholarship.

 I recommend, with reservation, the candidate for a scholarship.

 I do not recommend the candidate for a scholarship..

**Name of Recommending Person (Please PRINT)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name Signature

Position Contact Number

Email Address Date