



MEMORANDUM OF AGREEMENT (SENIOR HIGH SCHOLARS)
Academic Scholarship Grant (ASG)

I, _____, a Special Health Sciences Senior High student, in consideration of the scholarship granted to me by De La Salle Medical and Health Sciences Institute, do hereby agree to the following terms and obligations:

1. The scholarship grant, which is given every year shall be determined by my ability to complete the requirements set by The Registrar - Admissions, Scholarships and Testing Section (TRAST) of the Institute;
2. The status of my scholarship application is dependent on the availability of slots and/or budget for the type of scholarship I am applying for and the final decision of The Registrar - Admissions, Scholarships and Testing Section (TRAST) Committee of the Institute;
3. I shall maintain the minimum grade requirement **85 per subject** and the minimum **General Weighted Average (GWA) of 92** without any failing grades in all subjects during the year;
4. I shall not falsify documents required for my scholarship applications;
5. I shall not be charged or disciplined for any violation (both minor (six (6) consecutive commissions) and major offenses) of school policies and regulations stipulated in the Institutional Student Handbook;
6. I shall make myself available/present at all times during general assemblies, meetings and other relatable activities of The Registrar - Admissions, Scholarships and Testing Section (TRAST);
7. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
8. I shall permanently lose my scholarship if I violate the established rules of the DLSMHSI regarding discipline and morality or if I join in any unauthorized organization;
9. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
10. After finishing my studies and landing a very stable job and saving enough funds, I shall also extend my help to The Registrar - Admissions, Scholarships and Testing Section (TRAST) by sponsoring future scholars of the Institute.

Failure to comply with any of the foregoing terms and obligations shall mean termination of my scholarship grant.

In witness whereof, I have hereunder set my signature this _____ day of _____ in the year of our Lord _____ at De La Salle Medical and Health Sciences Institute, City of Dasmariñas, Cavite, Philippines.

CONFORME:

Signature over Printed Name / Date

Signature over Printed Name of Parent/Guardian / Date

(to be process by TRAST)

ATTESTED:

Collegiate Scholarship Committee Chair

SHSHS Director

ENDORSED:

Head, Scholarship

Manager, TRAST

RECOMMENDED:

Registrar

APPROVED:

Vice Chancellor for Academics