



MEMORANDUM OF AGREEMENT (UNDERGRADUATE SCHOLARS)
DLSMHSI SCHOLARSHIP TO EMPLOYMENT PROGRAM (SEP)

I, _____, a 4th year _____ (program) 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 shall be determined by my ability to complete the requirements set by The Registrar – Admissions Scholarship and Testing Section (TRAST) of the Institute. Hereunder are the scholarship benefits covered:
 - Full tuition, miscellaneous and other fees (4th year-first and second semesters) (excluding the Graduation fee, Graduation Pictorial fee & any other special collection mandated by the College or Institution).
 - Cash allowance on licensure exam reviews amounting to fifteen thousand pesos (15,000.00 Php) (Note: for Outsource Review Center inclusive of review materials for Philippine Boards purposes only) or free of charge if the scholar enrolled in the in-house review program or accredited review center of the Institution. Board and lodging plus utilities amounting to thirty thousand pesos (30,000.00 Php) (Note: should be proximal to the review Center), in-house transportation (exam site).
2. I shall not falsify documents required for my scholarship applications
3. 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;
4. I shall maintain a full academic load during the first and second semesters of my fourth year in the program;
5. I shall commit to render two (2) years of mandatory return of service by working at De La Salle University Medical Center (DLSUMC) as a licensed healthcare professional after passing the licensure exam or I may be assigned in any of the available positions at the De La Salle University Medical Center or within the Institute if I failed the licensure examination.
6. As a recipient, I shall participate in all of its activities and other related programs (including the community outreach programs of the college);
7. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities after finishing my degree;
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; and pay back the Institute the total amount of the grant within six months from termination.
9. In the event that I am unable to or unwilling to fulfill my obligation to render return service, I shall pay back the Institute the total amount of the grant within six months after passing the licensure examination.

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 Dasmarinas, 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

College Dean

ENDORSED:

Head, Scholarship

Manager

Director, Finance & Controllershship Department

Director, Human Resource Management

RECOMMENDED FOR APPROVAL:

Vice Chancellor for Academics

Vice Chancellor for Hospital Operations

Chancellor

APPROVED:

President