

ACADEMIC SERVICES THE REGISTRAR Admissions, Scholarships and Testing

EMPLOYEES' DEPENDENTS (EDSP) /GRAND FATHER CLAUSE (GFCSP) SCHOLARSHIP PROGRAM

SCHOLARSHIP APPLICATION FORM

General Reminder:	This application form must be submitted to the Manager of The Registrar – Admissions, Scholarships and Testing Section (TRAST) toget with the required documents two (2) weeks before the enrollment period.							
Date Filed:								
Employee Applicant:		Day		Month	Ye	ar		
Last Name		First Name				Middle Name		
Marital Status:	□ Single	□ Marri	ied					
Date Hired:				 .	Job Title/Position	n:		
	Day	Month		Year	Length of Credite	ed Service i	n Years:	
Office Telephone/L Status of	ocal Number: f Availment	□ 1st Child/1st Availment □ 3rd Child/1st Availment □ 3rd Child/2nd Availment □ Others, please specifi			t = tt =	□ 2 nd Child/1 st Availment □ 2 nd Child/2 nd Availment □ 3 rd Child/3 rd Availment		
Dependent Scho	olar/s			Original C	ourse Enrolled		n/Semester / School rear Enrolled	School Enrolled
Note: No applicatio	the above informat	ion is true an	nd correct and ined in this S	d that all the cholarship A	documents submitt	ted are certif a ground for	ied true copies of the orig revocation of the scholar	ginal. Furthermore, any forgery ship.
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			□ APPROVED			DISAPP	ROVED	
ENDORSED:								
Head, Scholarship		_						
RECOMMENDED:								
Manager					Registrar			
APPROVED:								
Vice Chancellor for Academics					Vice Chancellor	for Shared	Services	