

ACADEMIC SERVICES THE REGISTRAR Admissions, Scholarships and Testing

ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLSMEB)

SCHOLARSHIP APPLICATION FORM

General Reminder:		form must be submitt documents two (2) v			s, Scholarships and Testing Section	on (TRAST) toge
Date Filed:		Day	Month	Year		
Employee Applicar	nt:			real		
Last Name		First Name			Middle Name	
Marital Status:	□ Single	□ Married				
Date Hired:	<u></u>	Manufic		Job Title/Position:		
	Day	Month	Year	Length of Credited Service in	n Years:	
Office Telephone/L		1st Child/1st Ave	nilmant			
Status of Availmen	nt 🗆	1 st Child/1 st Ava 3 rd Child/1 st Ava		□ 2 nd Child/1 st Availm □ 2 nd Child/2 nd Availm		
		3 rd Child/2 nd Av		□ 3 rd Child/3 rd Availme		
		Others, please		5 Child/5 Availine	SIIL	
		Others, please	specily.			
	Dependent Scho	olar/s		School Year Enrolled	Year Level	
Diogga attack / ac-l-	mit the following	documento tereste	ar with this Cal	olarship Application Forms		
	_	aocuments togethe		olarship Application Form:		
 □ Employment certification □ Clear copy of the □ Adoption papers in 	birth certificate	lly adopted	□ Certifica		dicine (Notice of Acceptance issued by n Test (NMAT) Result-80% Rating and	
Note: No application	on shall be proces	sed if any of the ab	ovementioned	requirements is not submitted	l.	
I hereby certify that				e documents submitted are certifi Application Form is a ground for	ied true copies of the original. Furt revocation of the scholarship.	thermore, any for
		SIGNATURE	OVER PRINTE	D NAME OF THE EMPLOYEE-A	APPLICANT	
			ACTION	TAKEN:		
		APPROVED		□ DISAPPROVED		
ENDORSED:						
Head, Scholarship						
RECOMMENDED:						
RECOMMENDED.						
Manager		_		Registrar		
APPROVED:						
Vice Chancellor for Academics				Vice Chancellor for Shared Services		