



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

ACADEMIC SERVICES
THE REGISTRAR
Admissions, Scholarships and Testing

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

AUTHORIZATION LETTER FOR EDSP/GFCSP ENROLLMENT

Date: _____

For: **The Scholarship Office
The Registrar's Office
The Accounting Office
De La Salle University-Dasmarinas
City of Dasmariñas, Cavite, Philippines**

I _____ (Name of Employee) from the _____ (Department/Office). Please accept the enrollment application of _____, who is under the Employees' Dependents (EDSP)/Grand Father Clause Scholarship Program (GFCSP) for the _____ semester of School Year _____. He/She is enrolled in (course) _____, classified as (curriculum year) _____. The aforementioned scholar is entitled to a one hundred/seventy-five/fifty (100%/75%/50%) percent tuition fee discount.

Thank you very much.

Sincerely,

Manager

Approved:

Registrar

Note: This authorization letter must be secured by the employee applicant from The Registrar – Admissions, Scholarships and Testing Section (TRAST) two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, File