



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an
 Associate Member of Asean University Network - Quality Assurance

ACADEMICS
LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

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

AUTHORIZATION LETTER FOR EDSP/GFCSP ENROLLMENT

Date: _____

**FOR: The Accounting Office/Cash Services Office
 This Institute
 City of Dasmariñas, Cavite, Philippines**

Please accept the enrollment application of _____ (son/daughter) of Mr/Mrs. _____
 (Name of Employee) from _____ (Department/Office). 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 being a recipient of the
 Employees' Dependents (EDSP) Grand Father Clause (GFCSP) Scholarship Program for the ___ term of School
 Year _____.

Thank you very much.

Sincerely,

 Manager

Approved,

 Vice Chancellor for Academics

Note: This authorization letter must be secured by the employee applicant from the Lasallian Admission and Scholarship Opportunities two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, FILE