



# 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

### MEMORANDUM OF AGREEMENT Employees' Dependents (EDSG)/Grand Father Clause (GFCSG) Scholarship Grant

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a BS \_\_\_\_\_ student, in the College of \_\_\_\_\_, in consideration of the scholarship granted to my child/children by De La Salle Health Sciences Institute, do hereby agree to the following terms and obligations:

1. I fully understand that the scholarship grant is limited only to enrollment in De La Salle Medical and Health Sciences Institute, De La Salle University-Dasmaringas or in De La Salle Santiago Zobel;
2. I am also aware that Medicine and graduate studies are not covered by this scholarship program (except for the faculty members of the College of Medicine and those unit heads who were appointed before May 31, 1988 whose children shall be entitled to a 50% discount in the total tuition fees should they enroll in Medicine;
3. I shall apply for renewal of scholarship every semester following the deadline for applications set by the Scholarship Program and Development Center;
4. I may still avail of the program should my child/children have failing grades with the condition that re-enrollment of failed subjects shall be at my own expense. Furthermore, the payment must be made before enrolling for the succeeding semester;
5. If in case my child/children would like to shift to another course, the basis for the term of the grant shall be on the number of years specified in the curriculum of the originally chosen course;
6. My child/children shall permanently lose his/her/their scholarship/s if he/she/they violate/s the established rules of the DLSMHSI regarding discipline and morality or if he/she/they join/s in any unauthorized organization;
7. I make sure that my child/children shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook.

Failure to comply with any of the foregoing terms and obligations shall mean termination of the scholarship grant.

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 Dasmaringas, Cavite, Philippines.

#### CONFORME:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

#### ATTESTED:

\_\_\_\_\_  
Director for Human Resource Management

\_\_\_\_\_  
Date

#### RECOMMENDING APPROVAL:

\_\_\_\_\_  
Vice Chancellor for Academics

\_\_\_\_\_  
Vice Chancellor for Shared Services

#### APPROVED:

\_\_\_\_\_  
President