



# 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 (MEDICINE SCHOLARS) St. La Salle Medical Education Benefit (SLMEB)

I, \_\_\_\_\_, a \_\_\_\_\_ (Year Level) Medicine student, in consideration of the scholarship granted to me by De La Salle Medical and Health Sciences Institute, do hereby agree to the following terms and obligations:

1. The scholarship grant, which is given every year, shall be determined by my ability to complete the requirements set by the Scholarship Program and Development Center of the Institute. Hereunder are the scholarship benefits covered (the benefits depend on the availment of the existing Enhanced Brother President Scholarship Program):
  - 1.1. 100% Tuition Fee Discount per Semester (if the 100% EBSP slot has already been reserved for Medicine and has not been used during the undergraduate course or if the recipient is the only child-dependent);
  - 1.2. 50% Tuition Fee Discount per Semester (if the 50% EBSP slot has already been reserved for Medicine and has not been used during the undergraduate course or if the parents of the recipient has only two (2) children/dependents or is a faculty member of the College of Medicine and/or a unit head who was appointed before May 31, 1988;
2. I shall maintain a passing grade in all of the subjects enrolled in during the school year;
3. I am fully aware of the policy that failure in any of the subject/s enrolled in during the school year puts my parents under an obligation to pay for the re-enrollment of the said subject/s and that the fees should be settled before enrolling in the succeeding term;
4. I am also aware that the program has to be finished within four (4) years and the succeeding semester/year spent in case the program is not completed shall be shouldered by my parents;
5. It is very clear that my residency training programs are not covered by this scholarship benefit;
6. I shall apply for renewal of my scholarship every year following the deadline for applications set by the Scholarship Program and Development Center;
7. I shall not falsify documents required for my scholarship applications;
8. I shall not be charged or disciplined for any violation (both minor (three (3) consecutive commissions) and major offenses) of school policies and regulations stipulated in the Student Handbook;
9. I shall maintain a full academic load during the school year;
10. I shall make myself available/present at all times during general assemblies, meetings and other relatable activities of the Scholarship Program and Development Center;
11. As a scholar, I shall participate in all of the activities and other related programs (including the community outreach programs sponsored by the Scholarship program and Development Center);
12. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
13. I shall permanently lose my scholarship if I violate the established rules of the DLSHSI regarding discipline and morality or if I join in any unauthorized organization;
14. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
15. After finishing my studies and landing a very stable job and saving enough funds, I shall also extend my help to the Scholarship Program and Development Office by sponsoring future scholars of the Institute.

Failure to comply with any of the foregoing terms and obligations shall mean termination of my 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

\_\_\_\_\_  
Signature over Printed Name of Parent-Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RECOMMENDING APPROVAL:**

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

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

**APPROVED:**

\_\_\_\_\_  
President