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

SCHOLARSHIP APPLICATION FORM

General Reminder: This application form must be submitted to the Manager of the Lasallian Admission and Scholarship Opportunities together with the required documents **two (2) weeks** before the enrollment period.

Date Filed:

_____ _____ _____
Day   Month   Year

Employee Applicant:

_____ _____ _____
Last Name   First Name   Middle Name

Marital Status: □ Single   □ Married

Date Hired: _____   **Job Title/Position:** _____
Day   Month   Year

Office Telephone/Local Number: _____   **Length of Credited Service in Years:** _____

Status of Availment

□ 1st Child/1st Availment	□ 2nd Child/1st Availment	
□ 3rd Child/1st Availment	□ 2nd Child/2nd Availment	
□ 3rd Child/2nd Availment	□ 3rd Child/3rd Availment	
□ Others, please specify: _____		

Dependent Scholar/s	Original Course Enrolled	Term/Semester / School Year Enrolled	School Enrolled

Please attach / submit the following documents together with this Scholarship Application Form:

□ Employment certificate
□ Clear copy of the birth certificate
□ Adoption papers if dependent is legally adopted

□ Prospectus of the course enrolled in
□ Certificate of admission in the school or course enrolled in

Note: No application shall be processed if any of the abovementioned requirements is not submitted.

I hereby certify that the above information is true and correct and that all the documents submitted are certified true copies of the original. Furthermore, any forgery or false information contained in this Scholarship Application Form is a ground for revocation of the scholarship.

_____
SIGNATURE OVER PRINTED NAME OF THE EMPLOYEE-APPLICANT

ACTION TAKEN:

□   **APPROVED**   □   **DISAPPROVED**

ENDORSED: **RECOMMENDED:**

_____   _____
Head, Scholarship   *Manager*

APPROVED:

_____   _____
Vice Chancellor for Academics   *Vice Chancellor for Shared Services*