



**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**

**ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLSMEB)**

**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:**

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

**Job Title/Position:** \_\_\_\_\_

**Office Telephone/Local Number:** \_\_\_\_\_

**Length of Credited Service in Years:** \_\_\_\_\_

**Status of Availment**

1<sup>st</sup> Child/1<sup>st</sup> Availment

2<sup>nd</sup> Child/1<sup>st</sup> Availment

3<sup>rd</sup> Child/1<sup>st</sup> Availment

2<sup>nd</sup> Child/2<sup>nd</sup> Availment

3<sup>rd</sup> Child/2<sup>nd</sup> Availment

3<sup>rd</sup> Child/3<sup>rd</sup> Availment

Others, please specify: \_\_\_\_\_

Dependent Scholar/s	School Year Enrolled	Year Level

**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 College of Medicine  
 Certificate of admission in the College of Medicine (Notice of Acceptance issued by the CM)  
 Photocopy of the National Medical Admission Test (NMAT) Result-80% Rating and above

**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*