

Vice Chancellor for Academics

ACADEMICS LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

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

SCHOLARSHIP RENEWAL FORM

General	Reminder:				or of the Lasallian Admi	ssion and Scholarship Opport period.	rtunities together
Date File	d:					<u> </u>	
Employee Applicant:			Day	Month	Year		
	Last Name			First Name		Midd	le Name
Marital S	tatus:	□ Single	□ Married				
Date Hire	ed:				Job Title/Position: _		
Office Te	.lambana/l	Day	Month	Year	Lamenth of Cuaditod	Comitos in Vocas	
Office Telephone/Local Number: _ Status of Availment		□ 3 ^{rc}	Child/1st Availme Child/1st Availme Child/2nd Availme hers, please spec	nent \square 2 nd Child/2 nd Availr nent \square 3 rd Child/3 rd Availr		nent	
	Dependent Scholar/s		Original Course Enrolled (kindly indicate if course has been changed)		SY when Scholarship was First Availed	School Enrolled	Indicate P if passed all subjects(If not, indicate subjects failed)
Note: No	□ Registr □ Proof □ Proof o	ar-certified true coff re-enrolment f payment for the hall be processed the above information.	opy of grades earne in the subject/s faile re-enrolled subject/ed if any of the aboution is true and corr	d during the previ d, if any s failed, if any vementioned rec ect and that all the	quirements is not subreduced to the subreduced to the submitted to the sub	nitted.	e original. Furthermore, any forgery holarship.
			SIGNATUR	E OVER PRINTE	D NAME OF THE EMP	LOYEE-APPLICANT	
ACTION TAKEN:							
			APPROVED		□ DISAPPR	OVED	
ENDORSED:					RECOMMENDED:		
Head, Sc	cholarship				Director		
APPROV	ÆD:						

Vice Chancellor for Shared Services