

Vice Chancellor for Academics

ACADEMICS LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

ROMEO P. ARINIEGO, MD SCHOLARSHIP GRANT (RPAMDSG) SCHOLARSHIP RENEWAL FORM

	with	n the required doc	uments two (2) weeks	before the enrollme	nt period.	
Date Filed:		Day	Month	Year		
Employee Appli	cant:					
Last N	lame		First Name		Middle Nam	e
Marital Status:	□ Single	□ Married				
Date Hired:	Day	Month		Job Title/Position:		
Office Telephon	Day e/Local Number: _		Year 	Length of Credited	Service in Years:	
Status of Availment			1st Child/1st Availment		2 nd Child/1 st Availment	
			3rd Child/1st Availment		2 nd Child/2 nd Availment	
			3rd Child/2nd Availmen		3 rd Child/3 rd Availment	
			Others, please specify	y:		
Г	Dependent/ Scho	lar		SY when	Indicate P if	
				Scholarship was	passed all	
				First Availed	subjects(If	
					not, indicate	
					subjects	
-					failed)	
DI					F	
Please attach / s	submit the following	ng documents to	gether with this Scho	iarsnip Application	Form:	
□ Coll	lege of Medicine-ce	rtified true copy of	grades earned during	the previous year		
□ Pro	of of re-enrolment ir	the subject/s fail	ed, if any			
□ Pro	of of payment for th	e re-enrolled subje	ect/s failed, if any			
Note: No renews	al shall he nrocess	ed if any of the a	bovementioned requ	iraments is not sub	omitted	
Note: No renewa	ai siiaii be process	sed if ally of the a	iboveillentioned requ	mements is not sur	Jimtea.	
I hereby certify th					d are certified true copies of the origina	
	talse inf	ormation containe	d in this Scholarship Ap	oplication Form is a	ground for revocation of the scholarship).
		SIGNAT	URE OVER PRINTED	NAME OF THE EM	PLOYEE-APPLICANT	
			AC	TION TAKEN:		
		APPROV	ED	□ DISAPPI	ROVED	
ENDORSED:				RECOMMENDED:		
ENDONOLD.				NEOOMMENDED.		
Head, Scholarsh	hip			Director		
APPROVED:						

Vice Chancellor for Shared Services