



**SCHOLARSHIP APPLICATION FORM**

TYPE OF APPLICANT:     New             Renewal

SCHOOL YEAR BEING APPLIED FOR :    20\_\_-20\_\_

TERM BEING APPLIED FOR :                     1<sup>ST</sup> Term     3<sup>rd</sup> Term  
     2<sup>nd</sup> Term     Mid-year Term

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 2x2 color picture here.

Picture specification:  
 WHITE  
 BACKGROUND

TYPE/S OF SCHOLARSHIP BEING APPLIED FOR:  
 Internally Funded Scholarship :  Entrance    Financial    GLE    BPSP    SLMSG  
     Academic    Service    BPSG    EBPSG    RPAMDSG  
     Others, please specify: \_\_\_\_\_

Externally Funded Scholarship : \_\_\_\_\_  
Please specify the external funding agency/source

BASIS OF GRADES: \_\_\_\_\_ Term of SY 20\_\_ - 20\_\_

**PERSONAL INFORMATION**

FAMILY NAME		FIRST NAME		MIDDLE NAME	NICK NAME
COURSE/YEAR LEVEL		AGE	GENDER	CITIZENSHIP	CIVIL STATUS
DATE OF BIRTH		PLACE OF BIRTH		ZIP CODE	RELIGION
TEMPORARY ADDRESS					
PERMANENT ADDRESS					
LANDLINE NUMBER/S		MOBILE NUMBER/S		EMAIL ADDRESS/ES	
SECONDARY EDUCATION/TERTIARY EDUCATION ( Medicine applicants should answer all. )					

**FAMILY BACKGROUND**

FATHER'S NAME	OCCUPATION	INCOME (MONTHLY/ANNUALY)	CONTACT NO./S
PERMANENT ADDRESS			
MOTHER'S NAME	OCCUPATION	INCOME (MONTHLY/ANNUALY)	CONTACT NO./S
PERMANENT ADDRESS			
NAME OF GUARDIAN (IF OTHER THAN PARENT)	OCCUPATION	INCOME (MONTHLY/ANNUALY)	CONTACT NO./S

NAME OF SIBLINGS	AGE	GENDER	OCCUPATION

**IF SCHOLAR IS MARRIED**

NAME OF SPOUSE	AGE	OCCUPATION/INCOME(MONTHLY/ANNUALY	CONTACT NO./S
<b>ADDRESS</b>			
<b>NAME OF CHILDREN</b>			<b>AGE</b>

**ACADEMIC HONORS/AWARDS./RECOGNITIONS/CERTIFICATES/CERTIFICATIONS**

(Include dates recieved and add sheets if needed)


**SPECIAL SKILLS/TALENTS/ABILITIES**


I hearby certify that the above information is TRUE and CORRECT and that any false statement contained herein may be used as grounds for the disqualification of my scholarship application.

\_\_\_\_\_  
Signature Over Printed Name of the Applicant

- Legend :
- GLE - Gawad Lasalyanong Edukasyon
  - GFCSP - Grand Father Clause Scholarship Program
  - EBPSP - Enhanced Brother President Scholarship Program
  - SLMEB - St. Lasalle Medical Education Benefit
  - BPSP - Brother President Scholarship Program
  - BPSG - Brother President Scholarship Grant
  - EDSP - Employees' Dependent Scholarship Program
  - RPAMDSG - Romeo P. Ariniego, MD Scholarship Grant

*Disclaimer: We are committed to keep the information of DLSMHSI applicants confidential; We will act in a responsible manner to protect your personal information. We will not sell, rent or lease our mailing lists to third parties, and we will not provide your personal information to any third party individuals or companies without your permission.*