



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

ROMEO P. ARINIEGO, MD SCHOLARSHIP GRANT (RPAMDSG)

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

<input type="checkbox"/>	1 st Child/1 st Availment	<input type="checkbox"/>	2 nd Child/1 st Availment
<input type="checkbox"/>	3 rd Child/1 st Availment	<input type="checkbox"/>	2 nd Child/2 nd Availment
<input type="checkbox"/>	3 rd Child/2 nd Availment	<input type="checkbox"/>	3 rd Child/3 rd Availment
<input type="checkbox"/>	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
- Prospectus of the College of Medicine
- Clear copy of the birth certificate
- Adoption papers if dependent is legally adopted
- Accomplished Scholarship Application Form
- Three (3) Letters of Recommendation
- Two (2) copies of 2x2 Color Picture
- Certified True Copy of Transcript of Records (TOR) and photocopy of College Diploma
- Certificate of admission in the College of Medicine (Notice of Acceptance issued by the CM)
- Photocopy of the National Medical Admission Test (NMAT) Result-70% Rating and above
- Letter of Intent
- Copy of the Income Tax Return (ITR) of Parents

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

RECOMMENDED:

ENDORSED:

Head, Scholarship

Manager

APPROVED:

Vice Chancellor for Academics

Vice Chancellor for Shared Services