



# 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 (SLMEB) SCHOLARSHIP RENEWAL FORM

**General Reminder:** This application form must be submitted to the Director 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 <sup>st</sup> Child/1 <sup>st</sup> Availment | <input type="checkbox"/> 2 <sup>nd</sup> Child/1 <sup>st</sup> Availment |
| <input type="checkbox"/> 3 <sup>rd</sup> Child/1 <sup>st</sup> Availment | <input type="checkbox"/> 2 <sup>nd</sup> Child/2 <sup>nd</sup> Availment |
| <input type="checkbox"/> 3 <sup>rd</sup> Child/2 <sup>nd</sup> Availment | <input type="checkbox"/> 3 <sup>rd</sup> Child/3 <sup>rd</sup> Availment |
| <input type="checkbox"/> Others, please specify: _____                   |  |

Dependent/ Scholar	SY when Scholarship was First Availment	Indicate P if passed all subjects( If not, indicate subjects failed)

**Please attach / submit the following documents together with this Scholarship Application Form:**

- College of Medicine-certified true copy of grades earned during the previous year
- Proof of re-enrolment in the subject/s failed, if any
- Proof of payment for the re-enrolled subject/s failed, if any

**Note: No renewal 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*

\_\_\_\_\_  
*Director*

**APPROVED:**

\_\_\_\_\_  
*Vice Chancellor for Academics*

\_\_\_\_\_  
*Vice Chancellor for Shared Services*