



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

MEMORANDUM OF AGREEMENT (MEDICINE SCHOLARS) Financial Scholarship Grant (FSG)

I, _____, a _____ (Year Level) Medicine student, in consideration of the scholarship granted to me by De La Salle Medical and Health Sciences Institute, do hereby agree to the following terms and obligations:

- The scholarship grant, which is given every year, shall be determined by my ability to complete the requirements set by the Scholarship Program and Development Center of the Institute. Hereunder are the scholarship benefits covered (the benefits depend on the nature or type of scholarship and the needs of the scholars themselves):

| | | | |
|-----------------------------------|----------------------------|--------------------------|------------------|
| Full /Partial Tuition Fees | Medical Instruments | Board and Lodging | |
| Full Miscellaneous Fees | Stipend | Book Allowances | Dormitory |

- The status of my scholarship application is dependent on the availability of slots and/or budget and the final decision of the Scholarship Program and Development Committee of the Institute;
- I shall maintain a General Weighted Average (GWA) of 85 with no grades lower than 79 in any subjects;
- I shall apply for renewal of my scholarship every year following the deadline for applications set by the Scholarship Program and Development Center;
- I shall not falsify documents required for my scholarship applications;
- I shall not be charged or disciplined for any violation (both minor (three (3) consecutive commissions) and major offenses) of school policies and regulations stipulated in the Student Handbook;
- I shall maintain a full academic load during each semester;
- I shall make myself available/present at all times during general assemblies, meetings and other relative activities of the Scholarship Program and Development Center;
- I acknowledge that the scholarship grant strongly encourages me to render a return of service either in the field of:
 - Academics**-to render service as a faculty member in the College of Medicine of DLSMHSI.
 - Research**-to engage in medical research (either basic or clinical) in the Philippines.
 - Public Health**- to be involved in the promotion of Philippine Public Health either through clinical practice, management of programs or in the formulation of policy.
 - Clinical Practice**-to be a physician in De La Salle University Medical Center and/or in any part of the Philippines or undergo a post-graduate residency and/or fellowship training in any government institutions in Metro Manila or in any public or private institution outside of Metro Manila.
- As a scholar of the College of Medicine, I shall participate in all of its activities and other related programs (including the community outreach programs of the college);
- I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
- I shall permanently lose my scholarship if I violate the established rules of the DLSMHSI regarding discipline and morality or if I join in any unauthorized organization;
- In the event that I am unable to or unwilling to fulfill my obligation to render return service, I shall pay back the Institute the total amount of the grant, including interest at the prevailing rates at the end of the scholarship;
- I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
- After finishing my studies and landing a very stable job and saving enough funds, I shall also extend my help to the Scholarship Program and Development Office by sponsoring future scholars of the Institute.

Failure to comply with any of the foregoing terms and obligations shall mean termination of my scholarship grant.

In witness whereof, I have hereunder set my signature this _____ day of _____ in the year of our Lord _____ at De La Salle Medical and Health Sciences Institute, City of Dasmariñas, Cavite, Philippines.

CONFORME:

Signature over Printed Name

Signature over Printed Name of Parent/Guardian

Date

Date

ATTESTED:

Collegiate Scholarship Committee Chair

Dean, College of Medicine

ENDORSED:

Head, Scholarship

Director

APPROVED:

Vice Chancellor for Academics

President