



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) Star Scholarship (SC)

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

1. 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:
Full Total Fees
2. I shall maintain a minimum General Weighted Average (GWA) of 87 with no grades lower than 83 in any subject to be able to renew my scholarship.
3. I shall apply for renewal of my scholarship every year following the deadline for applications set by the Scholarship Program and Development Center;
4. I shall not falsify documents required for my scholarship applications;
5. 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;
6. I shall maintain a full academic load during each semester;
7. I shall make myself available/present at all times during general assemblies, meetings and other relatable activities of the Scholarship Program and Development Center;
8. I must participate in the Department of Community and Family Medicine Outreach Program for at least sixteen (16) hours per year during the first three (3) years in the DLSHSI College of Medicine.
9. As a scholar of the College of Medicine, I shall participate in all of its activities and other related programs.
10. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
11. I am strongly encouraged to join the faculty of the DLSHSI College of Medicine after passing the Philippine Physician's Licensure Board Examination or after finishing my residency program;
12. 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;
13. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
14. 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 Dasmarinas, 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

ENDORSEED:

Head, Scholarship

Director

APPROVED:

Vice Chancellor for Academics

President