



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 (SENIOR HIGH) Financial Scholarship Grant (FSG)

I, _____, a (BS) _____ student, in the College of _____, 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:

1. The scholarship grant, which is given every semester, shall be determined by my ability to complete the requirements set by the Scholarship Program and Development Center of the Institute particularly an updated financial status report of my family (ITR);
2. The status of my scholarship application is dependent on the availability of slots and/or budget for the type of scholarship I am applying for and the final decision of the Scholarship Program and Development Committee of the Institute;
3. I shall maintain the minimum grade requirement of 80 and the minimum General Weighted Average (GWA) of 87 without any failing grades in all subjects during the semester;
4. I shall apply for renewal of my scholarship every semester following the deadline for applications set by the Scholarship Program and Development Center;
5. I shall not falsify documents required for my scholarship applications;
6. 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;
7. I shall maintain a full academic load during each semester;
8. I shall render 100 hours of duty service to the Institute as a student assistant each semester;
9. I shall make myself available/present at all times during general assemblies, meetings and other relatable activities of the Scholarship Program and Development Center;
10. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
11. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
12. 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

Course / Year / Section

Date

Signature Over Printed Name of Parent / Guardian

Date

ATTESTED:

Collegiate Scholarship Committee Chair

Date

Dean

Date

ENDORSED:

Head, Scholarship

Director

APPROVED:

Vice Chancellor for Academics