



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 (UNDERGRADUATE SCHOLARS) DLSMHSI and USAHA TEGAS FOUNDATION, INC. SCHOLARSHIP GRANT (DLSMHSI-UTFISG)

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 and the Usaha Tegas Foundation, Inc., 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;
2. I shall maintain the 80% grade in all subjects with a minimum General Weighted Average (GWA) of 85% without any failing grades in all subjects during the year;
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 shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
9. 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;
10. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
11. 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

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