



Scholarship and
Financial Assistance
Office

FINANCIAL ASSISTANCE APPLICATION FORM (FOR GRADUATE PROGRAMS)

INSTRUCTIONS:

Please accomplish this form accurately and attach a photo on the space indicated. Print all entries and submit this form together with the required documents to the SFA Office for approval.

REQUIRED DOCUMENTS:

1. A letter or request from the applicant stating the circumstances prompting the need for financial assistance addressed to:

The SFA Director
Thru: The Vice-Dean

(Except for the College of Engineering Grantee applicants letter is addressed to)

The SFA Director
Thru: The Graduate Studies Director

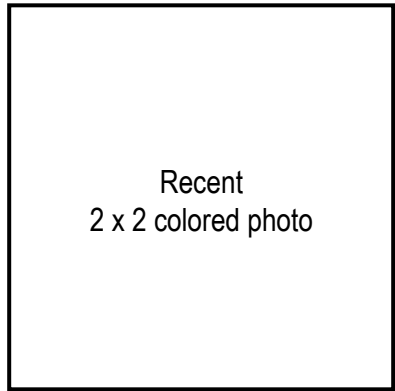
2. A photocopy of your latest Income Tax Return (ITR) form:
 - 2.1. If married and filing income tax returns separately (or applicant is unemployed), include a photocopy of spouse's latest ITR form
 - 2.2. If single and unemployed, a photocopy of parent's latest ITR form

ITR forms should include certification of withholding tax, whenever applicable. If the applicant does not fall under the above categories, a letter clarifying the reasons for exemption from this specific requirement must be submitted instead.

3. A certificate of employment with compensation history
4. A letter of recommendation for financial assistance from your present employer or immediate superior
5. Photocopy of Transcript of Records



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Name (Last, First, Middle)				Sex	
Age		Date of Birth		Civil Status	
Place of Birth			Citizenship		
Address					
Email Address		Telephone No.		Mobile No.	
Degree Program to be pursued			Highest Educational Attainment		
University/College Last Attended					
Occupation			Employer		
Employment Address				Telephone No.	

EMPLOYMENT HISTORY

DATE	EMPLOYER/EMPLOYMENT ADDRESS

IF SINGLE

FATHER

MOTHER

Name and Age				
Citizenship				
Occupation				
Employer				
Number of siblings		Ordinal Position		



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IF MARRIED

Name of Spouse			Age	
Occupation		Employer		
Employment Address				
No. of children				

CHILD'S NAME	AGE	SCHOOL/EMPLOYMENT ADDRESS

Is this your first enrolment in a graduate program at DLSU? Yes No

If NO, under what degree program? Academic Year/Term?

I hereby certify that the information given herein and in the accompanying documents are true and correct. I also hereby authorize the SFA Office to check on the veracity of the report/information given, anytime, as the same constitute the basis for the granting or continuation of the financial assistance.

I am aware that if I were to be given financial assistance by De La Salle, it is the University's expectation that I should finish the degree at the soonest time possible.

Signature over Printed Name of Applicant

Date Signed

Approved by:

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SFA Director

Date Signed

Coverage