



Scholarship and
Financial Assistance
Office

STUDENT LOAN PROGRAM APPLICATION FORM

- Instructions:**
- 1) Print all entries.
 - 2) Attached the following supporting documents:
 - a. **For undergraduate students** - Original Enrollment Assessment Form (EAF), Two (2) original copies of SLP Promissory Note signed by Parent On-Record; Print copy of grades from MyLasalle account
 - b. **For graduate students** - Original Enrollment Assessment Form (EAF), Two (2) original copies of SLP Promissory Note signed by the student, and Letter of reference from an active full-time faculty of DLSU; Print copy of grades from MyLasalle account

Date of Application	<input type="text"/>	AY / Term	<input type="text"/>	Application No. (to be accomplished by SFA)	<input type="text"/>
Number of Times You Applied for a Loan (excluding this one)	<input type="text"/>				

PERSONAL INFORMATION

Name (Last, First, Middle)	<input type="text"/>				
ID No.	<input type="text"/>	Sex	<input type="text"/>	Civil Status	<input type="text"/>
Academic Level	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Diploma/Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Others, specify <input type="text"/>				
College/School	<input type="text"/>		Degree Code	<input type="text"/>	
Remaining Terms (excluding this term)	<input type="text"/>		CGPA	<input type="text"/>	
Date of Birth	<input type="text"/>		Place of Birth	<input type="text"/>	
Address	<input type="text"/>			Tel. No./Mobile No.	<input type="text"/>
				Email address	<input type="text"/>

FAMILY BACKGROUND

	Father	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Mother	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Name	<input type="text"/>		<input type="text"/>	
Address	<input type="text"/>		<input type="text"/>	
Occupation	<input type="text"/>		<input type="text"/>	
Office Address	<input type="text"/>		<input type="text"/>	
Tel./Mobile No.	<input type="text"/>		<input type="text"/>	
Guardian (if applicable) / or Spouse (if married)				
Name	<input type="text"/>		Tel./Mobile No.	<input type="text"/>
Address	<input type="text"/>			
Occupation	<input type="text"/>	Office Address	<input type="text"/>	

LOAN AMOUNT	<input type="text"/>	(P <input type="text"/>)
	AMOUNT IN WORDS	

REASON FOR LOAN APPLICATION	<input type="text"/>
-----------------------------	----------------------

<input type="text"/>

Signature over Printed Name
APPLICANT

<input type="text"/>

Signature over Printed Name
PARENT ON-RECORD (if applicable)