



Scholarship and
Financial Assistance
Office

STudent Assistantship and Resource Training (START) Program APPLICATION FORM

Personal Details

First Name			Photo 2 x 2
Middle Name			
Last Name			
Date of Birth		Citizenship	
Address			
Email Address			
Contact Numbers			

Family Details

Particulars	Parent On-Record*	Father	Mother
Name (Last, First, Middle)			
Home Address			
Home Number			
Mobile Number			
Email Address			
Occupation/Position			
Company			
Office Address			
Office Number			
Monthly Family Income – Gross / Net (in PhP)			
Siblings (from eldest to youngest)			
Name	Age	Level	School

*Person indicated in the Parent On-Record form submitted upon admission



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Academic Details

ID Number		Degree		AY / Term		Total Units	
CGPA		Units left		Terms left		Acc. Fail.	
Co-Curricular involvement							

Class Schedule *(please indicate course codes)*

Time Slot	Mon	Tue	Wed	Thu	Fri	Sat
0800 – 0930						
0940 – 1110						
1120 – 1250						
1300 – 1430						
1440 – 1610						
1620 – 1750						
1800 – 1930						
1940 – 2110						

START Details

Extent of involvement in START program this term <i>(hours per week)</i>							
Availability for START <i>(please block time slots with an "X" if AVAILABLE for START)</i>							
Time Slot	Mon	Tue	Wed	Thu	Fri	Sat	Sun
0800 – 0930							
0940 – 1110							
1120 – 1250							
1300 – 1430							
1440 – 1610							
1620 – 1750							
1800 – 1930							
1940 – 2110							

I certify that the entries above are true and correct to the best of my knowledge. I hereby authorize De La Salle University to verify such entries. I understand and agree that any misinterpretation or material omission made herein or in any other documents relative to the START program shall be subject to disciplinary action.

Signature over printed name