



Office of Admissions
and Scholarships

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 Enrollment Services Hub (ESH), 2F, Henry Sy, Sr. Hall.

REQUIRED DOCUMENTS:

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

The OAS Director
Thru: The Vice-Dean

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

The OAS Director
Thru: The Graduate Studies Director

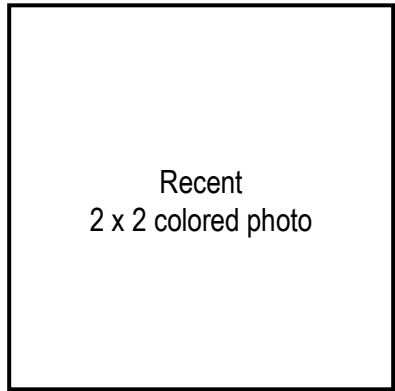
2. A photocopy of your latest Income Tax Return (ITR) form:
 - 2.1. If married and filing income tax returns separately (or applicant is unemployed), include a photocopy of spouse's latest ITR form
 - 2.2. If single and unemployed, a photocopy of parent's latest ITR form

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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**FINANCIAL ASSISTANCE APPLICATION FORM
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Name (Last, First, Middle)				Reference No. <i>(as indicated in the test permit)</i>	
Age		Date of Birth		Sex & 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 OAS 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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OAS Director

Date Signed

Coverage