



Office of  
Admissions  
and Scholarships

## 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			

### Application Details

Reasons / special circumstances for applying to the START program	
Basic Office Skills	
Special Skills	
Type of work interested in	

### Academic Details

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

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Class Schedule <i>(please indicate course codes)</i>						
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							

**Family Details**

Particulars	Parent On-Record*	Father	Mother
Name (Last, First, Middle)			
Home Address			
Home Number			
Mobile Number			

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Particulars	Parent On-Record*	Father	Mother
Email Address			
Occupation/Position			
Company			
Office Address			
Office Number			
Gross Annual Income (in PhP)			

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

### Financial Details

Daily Allowance (in pesos)	
Amount	Details
Daily Expenses (in pesos)	
Amount	Details

<b>Classification of the house your family is staying in</b>	<input type="checkbox"/> Owned, not mortgaged	Amount of realty tax being paid annually P _____	
	<input type="checkbox"/> Owned, mortgaged		Monthly amortization P _____
	<input type="checkbox"/> Rented		Monthly rental P _____
	<input type="checkbox"/> Rent free / Living with relatives		
	<input type="checkbox"/> Others, please specify _____		

Approximate house floor area _____ sq. m.	Number of bedrooms _____	Number of toilets and bathrooms _____
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*Brother / Sister enrolled in an undergraduate program in DLSU*

Name	ID Number	College	Program	Civil Status	Currently a St. La Salle Scholar	
					Yes	No

<i>Person (s) that help finance your education at DLSU</i>	<input type="checkbox"/> Parents		
	<input type="checkbox"/> Relatives		
	<input type="checkbox"/> Self		
	<input type="checkbox"/> Scholarship other than DLSU scholarship	Please specify _____	Maximum amount of support per trimester P _____
	<input type="checkbox"/> Educational plan	Please specify _____	Maximum amount of support per trimester P _____
<input type="checkbox"/> Others	Please specify _____	Maximum amount of support per trimester P _____	

<i>Daily mode of transportation to and from DLSU</i>	<input type="checkbox"/> By family / own vehicle	
	<input type="checkbox"/> By carpool	
	<input type="checkbox"/> By motorcycle	
	<input type="checkbox"/> By public transport	Amount of fare per day P _____
	<input type="checkbox"/> By bicycle/walking	

*Other household members who are employed and contributing to meeting family expenses (Use extra sheet if necessary)*

Relation	Name	Age	Educational Attainment	School or College Last Attended	Employer's Name	Occupation	Gross Income

*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

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