Office of Admissions
and Scholarships

DOCUMENT CHECKLIST FORM

Name	Last First Middle	**DTS**	
ID No.		**College and Degree Program**	
Date/Time Submitted		**Received by**	

Instruction: Put a check (✓) mark on the applicable documents submitted.

❑ **New Applicant**
Undergraduate Scholarship Appeal
(for Current Students)

✓	Details	Remarks
	Application Form	
	One (1) 2x2 colored photograph taken within the last three (3) months	
	One (1) sealed recommendation letter from a DLSU faculty	
	Certificate of Good Moral Character from the Student Discipline Office (SDFO)	
	Printed copy of grades from My La Salle (MLS) account	
	Letter addressed to the OAS Director stating the reasons for request for upgrade of grant or appeal for stipend/allowance noted by Parent-on- Record	
	Death Certificate (if primary reason for scholarship appeal is death of a family member)	
	Medical Certificate/Abstract (if primary reason for scholarship appeal is illness of a family member)	
	Latest Income Tax Return or Certificate of Employment and Monthly Compensation (if parents and other household members are employed), or BIR Certificate of Exemption from filing of Income Tax Return or Municipal Certificate of Unemployment (if parents are unemployment).	
	Photos of Family Residence- (Colored 4R Size of the following: Façade of the house/front view, living room, kitchen and bedroom)	
	Vicinity Map Form	
	Others (specify)	

❑ **Undergraduate Scholarship Appeal**
(Request for Upgrade)

✓	Details	Remarks
	Application Form	
	One (1) 2x2 colored photograph taken within the last three (3) months	
	One (1) sealed recommendation letter from a DLSU faculty	
	Certificate of Good Moral Character from the Student Discipline Office (SDFO)	
	Printed copy of grades from My La Salle (MLS) account	
	Letter addressed to the OAS Director stating the reasons for request for upgrade of grant or appeal for stipend/allowance noted by Parent-on- Record	
	Death Certificate (if primary reason for scholarship appeal is death of a family member)	
	Medical Certificate/Abstract (if primary reason for scholarship appeal is illness of a family member)	
	Computation of Monthly Transportation and Meal Allowance (if appealing for stipend/allowance upgrade)	
	Latest Income Tax Return or Certificate of Employment and Monthly Compensation (if parents and other household members are employed), or BIR Certificate of Exemption from filing of Income Tax Return or Municipal Certificate of Unemployment (if parents are unemployment).	
	Photos of Family Residence- (Colored 4R Size of the following: Façade of the house/front view, living room, kitchen and bedroom)	
	Vicinity Map Form	
	Others (specify):	

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Office of Admissions
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Undergraduate Scholarship Appeal Application Form
(for Current DLSU Students)

INSTRUCTIONS:

Please accomplish this form accurately. Print all entries and submit this form together with the required documents to the Hub, 2F Henry Sy, Sr. Hall.

Do not leave any item unanswered. If a numerical response is asked and the answer is None, write **0**. Write **NA** for item that is not applicable to you.

Application period for scholarship appeal is from **Week 2 to Week 8** of every term.

REQUIRED DOCUMENTS:

1. One (1) 2 x 2 colored photograph taken within the last three (3) months;
2. Printed copy of grades from My La Salle (MLS) account;
3. One (1) sealed recommendation letter from a DLSU faculty;
4. Certificate of Good Moral Character from the Student Discipline Formation Office (SDFO);
5. Income Tax Return (latest copy) or BIR Certificate of Exemption (if parents are unemployed)
    - Certificate of Employment & compensation (if parents and other household members are employed)
    - Death Certificate (if primary reason for scholarship appeal is death of a family member)
    - Medical Certificate/Abstract (if primary reason of scholarship appeal is illness of a family member)
6. Photo of Family Residence (colored size 4R photos of front view of the house, living room, kitchen and bedroom areas)
7. Vicinity Map Form.

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2 x 2 ID Photo

Undergraduate Scholarship Appeal Application Form (for Current DLSU Students)

Date of Application		AY / Term	
Number of times you applied for scholarship appeal (excluding this one)			

1. PERSONAL INFORMATION

Name (Last, First, Middle)							
ID No.		Gender		Civil Status		Citizenship	
College/School				Degree Code			
Remaining Terms (excluding this term)				CGPA			
Date of Birth				Place of Birth			
Address				Tel. No./ Mobile No.			
				Email address			

Please state the circumstances / reasons of application for scholarship appeal (avoid general statements e.g. due to financial difficulty)	

2. FAMILY RESIDENCE INFORMATION

Classification of the house your family is staying in

❑ Owned, not mortgaged
❑ Owned, mortgaged
❑ Rented
❑ Rent free / Living with relatives
❑ Others, please specify

_____
_____

Monthly amortization
P _____

Monthly rental
P _____

Amount of realty tax being paid annually
P _____

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Approximate house floor area _____ sq. m. Number of bedrooms _____ Number of toilets and bathrooms _____ Do you have a swimming pool? ❑ Yes ❑ No

Do you stay in an apartment / boarding house / room for rent? ❑ Yes ❑ No If Yes, Address _____ Monthly rent? P _____

3. OTHER STUDENT INFORMATION

Brother / Sister enrolled in an undergraduate program in DLSU

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

Person (s) that help finance your education

❑ Parents
❑ Relatives
❑ Self
❑ Scholarship other than DLSU scholarship — Please specify _____ — Maximum amount of support per trimester P_____
❑ Educational plan — Please specify _____ — Maximum amount of support per trimester P_____
❑ Others — Please specify _____ — Maximum amount of support per trimester P_____

Daily mode of transportation to and from DLSU

❑ By family / own vehicle
❑ By carpool
❑ By motorcycle
❑ By public transport
❑ By bicycle/walking

Amount of fare per day P _____

Are you currently employed? ❑ Yes ❑ No

If yes, name of company _____
Company Address _____

Employment Status
❑ Contractual
❑ Probationary
❑ Permanent

Period of employment Month/Year _____ to Month/Year _____

Current monthly salary P_____

Have you travelled outside ❑ Yes If yes, how many times? Who financed the trip(s)?

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the Philippines within the last two (2) years? ❑ No _____ ❑ Family
❑ Others _____

4. FAMILY / HOUSEHOLD INFORMATION

Family members who are co-residing with you

❑ Father
❑ Mother
❑ Legal Guardian
❑ Brothers — Number _____
❑ Sisters — Number _____
❑ Others — Number _____
Total members of your family co-residing with you — Number _____

Parents / Legal Guardian

Relation	Name	Age	Educational Attainment	School or College Last Attended	Employer's Name	Occupation	Net Monthly Income
Father							
Mother							
Legal Guardian							

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	Net Monthly Income

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Non-earning single brothers/sisters living with the family (Use extra sheet if necessary)

Name	Age	Relationship to Applicant	Studying?		Educational Attainment	School Attended or Graduated From	With Scholarship?	
			Yes	No			Yes	No

Number of household help living with your family

Househelp	Number	Monthly Salary	Househelp	Number	Monthly Salary
Maid		P	Houseboy		P
Yaya		P	Cook		P
Laundrywoman		P	Driver		P

Home appliances

(Include those in good working condition and have been acquired within the last ten (10) years)

Unit	Number	Unit	Number	Unit	Number
Television (size)		Gas Stove		Electric water pump and tank	
DVD Player		Electric Stove		Electric water heater	
VCD Player		Gas range with oven		Washing machine	
Stand / Desk Fan		Microwave oven		Heated electric clothes dryer	
Ceiling / Wall Fan		Rice cooker		Flat iron	
Air conditioner		Toaster		Desktop computer	
AM/FM Radio		Electric Thermos		Notebook / Laptop computer	
Stereo/Audio System		Blender / Osterizer		Computer game system (e.g. Sony PlayStation)	
Telephone		Refrigerator		Piano/Electronic Keyboard	
Cell phone		Upright or chest-type freezer		Video camera	
		Floor polisher			
		Vacuum Cleaner			

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Ownership of family vehicle

Make / Model	Year	How many?

Do you have electricity?
❑ Yes ❑ No

If yes, amount of electricity bills for the last three (3) months

Month _____ Amount of bill P_____
Month _____ Amount of bill P_____
Month _____ Amount of bill P_____

Do you have piped or running water inside the house?
❑ Yes ❑ No

If yes, amount of water bills for the last three (3) months

Month _____ Amount of bill P_____
Month _____ Amount of bill P_____
Month _____ Amount of bill P_____

Do you have a cable or satellite television subscription? ❑ Yes ❑ No

Do you have an Internet service subscription? ❑ Yes ❑ No

Does your father/mother /legal guardian have credit card(s)? ❑ Yes ❑ No

What type of credit card?
❑ American Express
❑ Locally issued (e.g. PNB Visa, BPI Express Credit, Citibank Visa, HSBC MasterCard)

5. FINANCIAL STATUS

Family Income (Annual Gross)

Particulars	Amount in Peso (Php)
Combined Annual Pay (Father, Mother)	
Combined Annual Pay (Brother, Sister)	
Income from Business	
Income from Land Rentals	
Income from Residential/Building Rentals/Lease	
Retirement Benefits/Pension	
Commissions	
Support from Relatives	
Bank Deposits	

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Family Expenses (Monthly)

Particulars	Amount in Peso (Php)
Food & Grocery	
School Tuition and Other Fees	
House Rental/Amortization	
Car Loan Amortization	
Other Loan Amortization	
School Service Payment	
Transportation/Gasoline	
Education Plan Premiums	
Insurance Policy Premiums	
Health Insurance Premiums	
SSS/GSIS/PAG-IBIG Loans	
School/Office Uniform/Clothing	
Electricity, Water, Cable, Cooking Gas	
Telephone/Cellphone	
Helper/Yaya	
Driver	
Medicines	
Doctor's Fee/Consultation	
Hospitalization	
Recreation	

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 omission made herein shall constitute the basis for the awarding of scholarship by DLSU.

Signature over Printed Name
APPLICANT

Signature over Printed Name
PARENT ON-RECORD

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