



Office of Admissions
and Scholarships

BROTHER PRESIDENT SCHOLARSHIP PROGRAM (BPSP) SCHOLARSHIP APPLICATION FORM

Name(s) of Child(ren)	School/Degree	Grade/Year Level

Name of Parent Employed at DLSU

Department/Unit

Date of Permanency

Number of Years as Faculty/ASF/APSP

<input type="text"/>	<input type="text"/>
----------------------	----------------------

By signing this form, I understand that my employment details will be subject to further verification and any false data or misrepresentation of facts on my part will be considered as basis for cancellation of the scholarship grant.

SIGNATURE OF PARENT EMPLOYED AT DLSU: _____

Date signed: _____

Certified by: _____

Office of the Provost (For Faculty & ASF)

CCHRSO (For APSP)

Date signed: _____

Date Signed: _____

☐ Approved for ☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Summer Academic Year _____
☐ Disapproved (Reason _____)

Approved By: _____

Director, Office of Admissions and Scholarships

Note: Kindly accomplish **four (4)** copies of this form. Please be informed that the processing time is typically 7 working days.