



Office of Admissions
and Scholarships

BROTHER PRESIDENT SCHOLARSHIP PROGRAM (BPSP)
APPLICATION FORM FOR RENEWAL
(FOR OTHER LA SALLE SCHOOLS ONLY)

Date: _____

Name(s) of Child(ren)	School/Degree	Grade/Year Level	LAST COVERAGE Term/Sem. & AY

Please attach the following:

- ☐ School ID of Child
- ☐ Enrollment Assessment Form
- ☐ Grades from previous semester/trimester

Name of Parent Employed at DLSU

Department / Unit at DLSU

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Certified by: _____

Office of the Provost (For Faculty & ASF)

CCHRSO (For APSP)

Date signed: _____

Date Signed: _____

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: _____

FOR OFFICE OF ADMISSIONS AND SCHOLARSHIPS

☐ Approved for ☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Summer Academic Year _____

☐ Disapproved: Reason _____

Director, Office of Admissions and Scholarships /Date

Note: Kindly accomplish **four (4)** copies of this form.