



BROTHER PRESIDENT SCHOLARSHIP PROGRAM (BPSP)

RENEWAL FORM for Other La Salle Schools

Applicable only to specific La Salle schools. Please refer to the OAS Helpdesk Announcement for details.

DEPENDENT INFORMATION

Name(s) of Child(ren)	School/Degree	Grade/Year Level	Last Coverage Term/Sem. & A.Y.

SPONSOR INFORMATION

Name of Parent/Sponsor Employed at DLSU:

Department/Unit:

Employment Details:

- Date of Permanency:
- Number of Years as Permanent Faculty/ASF/APSP:

By signing this form, I confirm that all the information provided is accurate and complete. I understand that my employment details will be verified, and any misrepresentation may result in the cancellation of the scholarship grant.

Employee/Sponsor Signature:

Date Signed:

VERIFICATION OF EMPLOYMENT INFORMATION

For Faculty & ASF:
Office of the Provost

For APSP:
CCHRSO

Verified by:

Verified by:

Date Signed:

Date Signed:

SCHOLARSHIP APPLICATION STATUS

Term 1 Term 2 Term 3 Summer
Academic Year:

Disapproved (Reason):

APPROVED By:

Director, Office of Admissions and Scholarships