



Office of Admissions  
and Scholarships

**SCHOLARSHIP FOR CHILDREN OF CO-ACADEMIC PERSONNEL (SCC)  
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 CAP

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**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: \_\_\_\_\_

(CCHRSO)

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.