



Office of Admissions  
and Scholarships

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

--	--

Certified by: \_\_\_\_\_ (CCHRSO)

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.**