



SCHOLARSHIP FOR CHILDREN OF FACULTY (SCF)

APPLICATION FORM

DEPENDENT INFORMATION

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

SPONSOR INFORMATION

Name of Parent/Sponsor Employed at DLSU:

Department/Unit:

Employment Details:

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

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

Employment details must be verified by:
Office of the Provost

Verified by:

Date Signed:

SCHOLARSHIP APPLICATION STATUS

Term 1 Term 2 Term 3 Summer
Academic Year:

Disapproved (Reason):

APPROVED By:
Director, Office of Admissions and Scholarships