



Office of Admissions
and Scholarships

DOCUMENT CHECKLIST FORM

Name	Last First Middle	DTS	
ID No.		College and Degree Program	
Date/Time Submitted		Received by	

Instruction: Put a check (✓) mark on the applicable documents submitted.

<input type="checkbox"/> New Applicant Undergraduate Scholarship Appeal (for Current Students)		
✓	Details	Remarks
	Application Form	
	One (1) 2x2 colored photograph taken within the last three (3) months	
	One (1) sealed recommendation letter from a DLSU faculty	
	Certificate of Good Moral Character from the Student Discipline Office (SDFO)	
	Printed copy of grades from My La Salle (MLS) account	
	Letter addressed to the OAS Director stating the reasons for request for upgrade of grant or appeal for stipend/allowance noted by Parent-on- Record	
	Death Certificate (if primary reason for scholarship appeal is death of a family member)	
	Medical Certificate/Abstract (if primary reason for scholarship appeal is illness of a family member)	
	Latest Income Tax Return or Certificate of Employment and Monthly Compensation (if parents and other household members are employed), or BIR Certificate of Exemption from filing of Income Tax Return or Municipal Certificate of Unemployment (if parents are unemployment).	
	Photos of Family Residence- (Colored 4R Size of the following: Façade of the house/front view, living room, kitchen and bedroom)	
	Vicinity Map Form	
	Others (specify)	

<input type="checkbox"/> Undergraduate Scholarship Appeal (Request for Upgrade)		
✓	Details	Remarks
	Application Form	
	One (1) 2x2 colored photograph taken within the last three (3) months	
	One (1) sealed recommendation letter from a DLSU faculty	
	Certificate of Good Moral Character from the Student Discipline Office (SDFO)	
	Printed copy of grades from My La Salle (MLS) account	
	Letter addressed to the OAS Director stating the reasons for request for upgrade of grant or appeal for stipend/allowance noted by Parent-on- Record	
	Death Certificate (if primary reason for scholarship appeal is death of a family member)	
	Medical Certificate/Abstract (if primary reason for scholarship appeal is illness of a family member)	
	Computation of Monthly Transportation and Meal Allowance (if appealing for stipend/allowance upgrade)	
	Latest Income Tax Return or Certificate of Employment and Monthly Compensation (if parents and other household members are employed), or BIR Certificate of Exemption from filing of Income Tax Return or Municipal Certificate of Unemployment (if parents are unemployment).	
	Photos of Family Residence- (Colored 4R Size of the following: Façade of the house/front view, living room, kitchen and bedroom)	
	Vicinity Map Form	
	Others (specify):	



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Undergraduate Scholarship Appeal Application Form (for Current DLSU Students)

INSTRUCTIONS:

Please accomplish this form accurately. Print all entries and submit this form together with the required documents to the Hub, 2F Henry Sy, Sr. Hall.

Do not leave any item unanswered. If a numerical response is asked and the answer is None, write **0**. Write **NA** for item that is not applicable to you.

Application period for scholarship appeal is from **Week 2 to Week 8** of every term.

REQUIRED DOCUMENTS:

1. One (1) 2 x 2 colored photograph taken within the last three (3) months;
2. Printed copy of grades from My La Salle (MLS) account;
3. One (1) sealed recommendation letter from a DLSU faculty;
4. Certificate of Good Moral Character from the Student Discipline Formation Office (SDFO);
5. Income Tax Return (latest copy) or BIR Certificate of Exemption (if parents are unemployed)
 - Certificate of Employment & compensation (if parents and other household members are employed)
 - Death Certificate (if primary reason for scholarship appeal is death of a family member)
 - Medical Certificate/Abstract (if primary reason of scholarship appeal is illness of a family member)
6. Photo of Family Residence (colored size 4R photos of front view of the house, living room, kitchen and bedroom areas)
7. Vicinity Map Form.



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2 x 2 ID Photo

Undergraduate Scholarship Appeal Application Form (for Current DLSU Students)

Date of Application AY / Term
Number of times you applied for scholarship appeal (excluding this one)

1. PERSONAL INFORMATION

Name (Last, First, Middle)	<input type="text"/>						
ID No.	<input type="text"/>	Gender	<input type="text"/>	Civil Status	<input type="text"/>	Citizenship	<input type="text"/>
College/School	<input type="text"/>			Degree Code	<input type="text"/>		
Remaining Terms (excluding this term)	<input type="text"/>			CGPA	<input type="text"/>		
Date of Birth	<input type="text"/>			Place of Birth	<input type="text"/>		
Address	<input type="text"/>				Tel. No./ Mobile No.	<input type="text"/>	
					Email address	<input type="text"/>	

Please state the circumstances / reasons of application for scholarship appeal (avoid general statements e.g. due to financial difficulty)

2. FAMILY RESIDENCE INFORMATION

Classification of the house your family is staying in

Owned, not mortgaged
 Owned, mortgaged
 Rented
 Rent free / Living with relatives
 Others, please specify _____

Monthly amortization P _____
Monthly rental P _____

Amount of realty tax being paid annually P _____



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Approximate house floor area _____ sq. m. Number of bedrooms _____ Number of toilets and bathrooms _____ Do you have a swimming pool?
 Yes No

Do you stay in an apartment / boarding house / room for rent? Yes If Yes, Address _____ Monthly rent? P _____
 No _____

3. OTHER STUDENT INFORMATION

Brother / Sister enrolled in an undergraduate program in DLSU

Name	ID Number	College	Program	Civil Status	Currently a St. La Salle Scholar	
					Yes	No

Person (s) that help finance your education

Parents Relatives Self

Scholarship other than DLSU scholarship Please specify _____ Maximum amount of support per trimester P _____

Educational plan Please specify _____ Maximum amount of support per trimester P _____

Others Please specify _____ Maximum amount of support per trimester P _____

Daily mode of transportation to and from DLSU

By family / own vehicle By carpool By motorcycle By public transport By bicycle/walking

Amount of fare per day P _____

Are you currently employed? Yes No

If yes, name of company _____ Employment Status Period of employment Current monthly salary P _____

Company Address _____ Contractual _____ _____

_____ Probationary _____ _____

_____ Permanent _____ _____

Have you travelled outside Yes If yes, how many times? _____ Who financed the trip(s)? _____



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the Philippines within the last two (2) years?

No _____

Family
 Others _____

4. FAMILY / HOUSEHOLD INFORMATION

Family members who are co-residing with you

- Father
 - Mother
 - Legal Guardian
 - Brothers
 - Sisters
 - Others
- Total members of your family co-residing with you

Number _____
Number _____
Number _____
Number _____

Parents / Legal Guardian

Relation	Name	Age	Educational Attainment	School or College Last Attended	Employer's Name	Occupation	Net Monthly Income
Father							
Mother							
Legal Guardian							

Other household members who are employed and contributing to meeting family expenses (Use extra sheet if necessary)

Relation	Name	Age	Educational Attainment	School or College Last Attended	Employer's Name	Occupation	Net Monthly Income



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Non-earning single brothers/sisters living with the family (Use extra sheet if necessary)

Name	Age	Relationship to Applicant	Studying?		Educational Attainment	School Attended or Graduated From	With Scholarship?	
			Yes	No			Yes	No

Number of household help living with your family

Househelp	Number	Monthly Salary	Househelp	Number	Monthly Salary
Maid	_____	P _____	Houseboy	_____	P _____
Yaya	_____	P _____	Cook	_____	P _____
Laundrywoman	_____	P _____	Driver	_____	P _____

Home appliances

(Include those in good working condition and have been acquired within the last ten (10) years)

Unit	Number	Unit	Number	Unit	Number
Television (size)	_____	Gas Stove	_____	Electric water pump and tank	_____
DVD Player	_____	Electric Stove	_____	Electric water heater	_____
VCD Player	_____	Gas range with oven	_____	Washing machine	_____
Stand / Desk Fan	_____	Microwave oven	_____	Heated electric clothes dryer	_____
Ceiling / Wall Fan	_____	Rice cooker	_____	Flat iron	_____
Air conditioner	_____	Toaster	_____	Desktop computer	_____
AM/FM Radio	_____	Electric Thermos	_____	Notebook / Laptop computer	_____
Stereo/Audio System	_____	Blender / Osterizer	_____	Computer game system (e.g. Sony PlayStation)	_____
Telephone	_____	Refrigerator	_____	Piano/Electronic Keyboard	_____
Cell phone	_____	Upright or chest-type freezer	_____	Video camera	_____
		Floor polisher	_____		
		Vacuum Cleaner	_____		



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Ownership of family vehicle

Make / Model	Year	How many?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have electricity?
 Yes No
 If yes, amount of electricity bills for the last three (3) months
 Month _____ Amount of bill P _____
 Month _____ Amount of bill P _____
 Month _____ Amount of bill P _____

Do you have piped or running water inside the house?
 Yes No
 If yes, amount of water bills for the last three (3) months
 Month _____ Amount of bill P _____
 Month _____ Amount of bill P _____
 Month _____ Amount of bill P _____

Do you have a cable or satellite television subscription? Yes No

Do you have an Internet service subscription? Yes No

Does your father/mother /legal guardian have credit card(s)? Yes No

What type of credit card?
 American Express
 Locally issued (e.g. PNB Visa, BPI Express Credit, Citibank Visa, HSBC MasterCard)

5. FINANCIAL STATUS
Family Income (Annual Gross)

Particulars	Amount in Peso (Php)
Combined Annual Pay (Father, Mother)	
Combined Annual Pay (Brother, Sister)	
Income from Business	
Income from Land Rentals	
Income from Residential/Building Rentals/Lease	
Retirement Benefits/Pension	
Commissions	
Support from Relatives	
Bank Deposits	



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Family Expenses (Monthly)

Particulars	Amount in Peso (Php)
Food & Grocery	
School Tuition and Other Fees	
House Rental/Amortization	
Car Loan Amortization	
Other Loan Amortization	
School Service Payment	
Transportation/Gasoline	
Education Plan Premiums	
Insurance Policy Premiums	
Health Insurance Premiums	
SSS/GSIS/PAG-IBIG Loans	
School/Office Uniform/Clothing	
Electricity, Water, Cable, Cooking Gas	
Telephone/Cellphone	
Helper/Yaya	
Driver	
Medicines	
Doctor's Fee/Consultation	
Hospitalization	
Recreation	

I certify that the entries above are true and correct to the best of my knowledge. I hereby authorize De La Salle University to verify such entries. I understand and agree that any misinterpretation or omission made herein shall constitute the basis for the awarding of scholarship by DLSU.

**Signature over Printed Name
APPLICANT**

**Signature over Printed Name
PARENT ON-RECORD**