



Office of Student LIFE

Student Personnel Services
De La Salle University

*Please
attach 1X1
ID Picture
here*

Applicant Information Form

No. _____

Please type or print legibly all entries. Use additional sheets if necessary. Enclose them and the other required documents (please see the Checklist of Requirements on this form) in a short brown envelope, sealed and signed on the flap.

Full Name				Nickname			
ID Number				Year/College/Major			
Date of Birth				Religion			
City Address				Provincial Address			
Tel. No.				Tel. No.			
Cel No.				Email add			
Languages Spoken							
Skills/Hobbies/Interests							
Medical Background							
Illness/Allergy/Recent Surgery				Medication Taken			
Family Information							
Father's Name				Mother's Name			
Occupation				Occupation			
Business Address				Business Address			
Telephone				Telephone			
Scholastic Record To Date							
Elementary				High School			
School Attended:				School Attended:			
Address:				Address:			
Year Attended (From/To):				Year Attended (From/To):			
Among Your Class, You Stood Top(Check One):				Among Your Class, You Stood Top(Check One):			
10%	25%	50%	75%	10%	25%	50%	75%
Academic Award(s) and Year(s) Received:							

Seminar(s)/Contest(s)/Workshop(s) and Year(s) Attended:			
Current Community Involvement and Length of Service:			
Term GPA:		Cumulative GPA:	
Co- & Extra- Curricular Information			
Organization	Position	Activities Initiated	Year
Statement of Integrity			
I hereby certify that I have provided truthful information in this application. I authorize all persons or entities to provide any relevant information in their possession to the Office of Student LIFE or its agent for use in considering me for admission to the Lasallian Student Consultancy Program. I expressly waive any required notice to me. I understand and agree that my misrepresentation or omission of facts in my application will justify the denial or cancellation of admission to the program.			
Signature		Date	

Do not write on the space below. For Student LIFE use only.

Checklist of Requirements	
Completed Application Form	
One 1x1 ID Picture	
Two Recommendation Letters (from faculty members and/or Administrators)	
*Essay	
Certificate of Good Moral Character	
Registrar's Certificate of CGPA or Copy of 4 th year High School Grades (for freshmen)	

**On a separate sheet of bond paper, please answer these questions in essay form (from 500-1000 words): Why do you want to be a part of the Lasallian Student Consultancy Program? What can you contribute to the Office of Student LIFE? How do you think can the Office of Student LIFE help you?*

Recommendation Letter (to be filled up by a faculty member, guidance counselor, Student Personnel Services staff or Organization Faculty Adviser only)

Name	
ID Number	Year/College/Major

To the Evaluator

Greetings of Peace!

The bearer of this Recommendation Letter is an applicant to the Lasallian Student Consultancy Program of the Office of Student LIFE of De La Salle University. Please complete the information requested in this form. If you would like to use additional sheets of paper, please staple them with this form. Your comments will be held completely confidential. Kindly return this form in a sealed envelope with you signature across the flap.

Thank you.

1. How long have you known the applicant and under what circumstances?

2. Keeping in mind your reference group, evaluate the applicant as best and as fairly as you can in each of the following categories by placing an “X” in the appropriate box below:

Qualities	<i>Below Average 1</i>	<i>Average 2</i>	<i>Good 3</i>	<i>Excellent 4</i>	<i>Outstanding 5</i>
General Ability					
Analytical Skills					
Verbal Skills					
Self- discipline					
Creativity					
Maturity					
Leadership Potential					
Ability to work in a team					
Service oriented					
Openness to feedback					

3. What are the Applicant's most salient strengths?

4. What are the applicant's weaknesses? What efforts has he or she made to improve in these areas?

5. What other comments do you have about the applicant? Comments regarding his or her aptitude for student leadership are very much preferred.

Evaluator's Signature over Printed Name:	Date:
Position Held:	
Business Address:	
Telephone number:	