

St. La Salle Financial Assistance Recommendation Form

Office of Admissions and Scholarships (OAS)

De La Salle University
2401 Taft Avenue, Manila 1004
Telephone Nos. 536-0225(Direct);524-4611 loc 162

INSTRUCTIONS to the Applicant: Please fill out the entries on the upper half of the form. Any one of the following (preferably the one who knows you best) a) HS teacher/adviser b) HS Principal c) HS Guidance Counselor will fill out the bottom half of the form.

Please **PRINT** all entries

To be filled out by the applicant

NAME OF APPLICANT _____ **GENDER** _____
LAST FIRST M

DEGREE PROGRAM ACCEPTED TO: _____ **COLLEGE:** _____

NAME OF HIGH SCHOOL (HS) _____

To be filled out by the HS teacher/adviser, HS Guidance Counselor, or HS Principal.

The student whose name appears above is applying for Financial Assistance at De La Salle University (DLSU). To help the University Scholarship Council evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible.

- Is the applicant a recipient of financial assistance/scholarship in high school? YES NO
- Do you have enough information about the applicant's family to say that they will not be able to afford to send him/her to DLSU without a scholarship? YES NO
- Will the applicant's family be able to send him/her to DLSU even without a scholarship? YES NO I DON'T KNOW
- For which degree program choice of the applicant do you think he/she will be most suited? CHOICE 1 CHOICE 2 CHOICE 3

Please use the portion below in case you have any comments about the applicant's qualification for financial assistance or academic ability.

NAME (PLEASE PRINT) _____ : **SIGNATURE** _____

POSITION _____ **DATE** _____

Please return this appraisal to the applicant in a sealed envelope with your signature across the seal.