



DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an
Associate Member of Asean University Network - Quality Assurance

ACADEMICS LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

MEMORANDUM OF AGREEMENT (UNDERGRADUATE SCHOLARS) Enhanced Brother President Scholarship Program (EBPSP)

I, _____, the parent/guardian of _____, a BS _____ student, in the College of _____, in consideration of the scholarship granted to my child/children by De La Salle Medical and Health Sciences Institute, do hereby agree to the following terms and obligations:

1. I fully understand that the scholarship grant is limited only to enrollment in De La Salle Medical and Health Sciences Institute or in De La Salle University-Dasmariñas.
2. I am also aware that Medicine and graduate studies are not covered by this scholarship program;
3. I shall apply for renewal of scholarship every semester following the deadline for applications set by the Scholarship Program and Development Center;
4. I may still avail of the program should my child/children have failing grades with the condition that re-enrollment of failed subjects shall be at my own expense. Furthermore, the payment must be made before enrolling for the succeeding semester;
5. If in case my child/children would like to shift to another course, the basis for the term of the grant shall be on the number of years specified in the curriculum of the originally chosen course;
6. My child/children shall permanently lose his/her/their scholarship/s if he/she/they violate/s the established rules of the DLSMHSI regarding discipline and morality or if he/she/they join/s in any unauthorized organization;
7. I make sure that my child/children shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook.

Failure to comply with any of the foregoing terms and obligations shall mean termination of my scholarship grant.

In witness whereof, I have hereunder set my signature this _____ day of _____ in the year of our Lord _____ at De La Salle Medical and Health Sciences Institute, City of Dasmariñas, Cavite, Philippines.

CONFORME:

Signature over Printed Name

Date

ATTESTED:

Director for Human Resource Management

Date

RECOMMENDING APPROVAL:

Vice Chancellor for Academics

Vice Chancellor for Shared Services

APPROVED:

President