



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 (MEDICINE SCHOLARS) Romeo P. Ariniego, MD Scholarship Grant (RPAMDSG)

I, _____, a _____ (Year Level) Medicine student, in consideration of the scholarship granted to me by De La Salle Medical and Health Sciences Institute, do hereby agree to the following terms and obligations:

1. The scholarship grant, which is given every year, shall be determined by my ability to complete the requirements set by the Scholarship Program and Development Center of the Institute. Hereunder are the scholarship benefits covered:

Full Tuition, Miscellaneous and Special Assessment Fees

2. I shall maintain a passing grade in all of the subjects enrolled in during the school year;
3. I am fully aware of the policy re: Failure in any of the subjects enrolled in during the school year and decision to stop schooling for whatever reasons mean termination of the scholarship grant. As a result of this, my parent/s who is/are regular employee/s of DLSMHSI shall be required to pay back all the fees covered in the scholarship grants through salary deduction within the period agreed upon both by the DLSMHSI Finance and Controllershship Department and my parent/s;
4. I am not allowed to file a leave of absence and is expected to finish the degree within the regular number of school years required of my course;
5. I shall apply for renewal of my scholarship every year following the deadline for applications set by the Scholarship Program and Development Center;
6. I shall not falsify documents required for my scholarship applications;
7. I shall not be charged or disciplined for any violation (both minor (three (3) consecutive commissions) and major offenses) of school policies and regulations stipulated in the Student Handbook;
8. I shall maintain a full academic load during the school year;
9. I shall make myself available/present at all times during general assemblies, meetings and other relatable activities of the Scholarship Program and Development Center;
10. As a scholar, I shall participate in all of the activities and other related programs (including the community outreach programs sponsored by the Scholarship program and Development Center;
11. I shall attend and support all the resource mobilization projects of the Institute particularly the fund-raising activities;
12. I shall permanently lose my scholarship if I violate the established rules of the DLSMHSI regarding discipline and morality or if I join in any unauthorized organization;
13. I shall abide by the other implementing guidelines governing the scholarship programs of the Institute as stipulated in the Student Handbook; and
14. After finishing my studies and landing a very stable job and saving enough funds, I shall also extend my help to the Scholarship Program and Development Office by sponsoring future scholars of the Institute.

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

Signature Over Printed Name of Parent-Employee

Date

Date

ATTESTED:

Director for Human Resource Management

Dean, College of Medicine

RECOMMENDING APPROVAL:

Vice Chancellor for Academics

Vice Chancellor for Shared Services

APPROVED:

President