



**ST. LA SALLE MEDICAL EDUCATION BENEFIT (SLMEB)
SCHOLARSHIP RENEWAL FORM**

General Reminder: This application form must be submitted to the Manager of The Registrar – Admissions, Scholarships and Testing Section (TRAST) together with the required documents **two (2) weeks** before the enrollment period.

Date Filed: _____
Day Month Year

Employee Applicant: _____
Last Name First Name Middle Name

Marital Status: Single Married

Date Hired: _____ **Job Title/Position:** _____
Day Month Year

Office Telephone/Local Number: _____ **Length of Credited Service in Years:** _____

Status of Availment

<input type="checkbox"/> 1 st Child/1 st Availment	<input type="checkbox"/> 2 nd Child/1 st Availment
<input type="checkbox"/> 3 rd Child/1 st Availment	<input type="checkbox"/> 2 nd Child/2 nd Availment
<input type="checkbox"/> 3 rd Child/2 nd Availment	<input type="checkbox"/> 3 rd Child/3 rd Availment
<input type="checkbox"/> Others, please specify: _____	

Dependent/ Scholar	SY when Scholarship was First Availment	Indicate P if passed all subjects(If not, indicate subjects failed)

Please attach / submit the following documents together with this Scholarship Application Form:

- College of Medicine-certified true copy of grades earned during the previous year
- Proof of re-enrolment in the subject/s failed, if any
- Proof of payment for the re-enrolled subject/s failed, if any

Note: No renewal shall be processed if any of the abovementioned requirements is not submitted.

I hereby certify that the above information is true and correct and that all the documents submitted are certified true copies of the original. Furthermore, any forgery or false information contained in this Scholarship Application Form is a ground for revocation of the scholarship.

SIGNATURE OVER PRINTED NAME OF THE EMPLOYEE-APPLICANT

ACTION TAKEN:

- APPROVED** **DISAPPROVED**

ENDORSED:

Head, Scholarship

RECOMMENDED:

Manager

Registrar

APPROVED:

Vice Chancellor for Academics

Vice Chancellor for Shared Services