



**EMPLOYEES' DEPENDENTS (EDSP)/GRAND FATHER CLAUSE (GFCSP) SCHOLARSHIP PROGRAM**

**AUTHORIZATION LETTER FOR EDSP/GFCSP ENROLLMENT**

Date: \_\_\_\_\_

For: **The Accounting Office/Cash Services Office  
This Institute  
City of Dasmariñas, Cavite, Philippines**

I \_\_\_\_\_ (Name of Employee) from the \_\_\_\_\_ (Department/Office).  
Please accept the enrollment application of \_\_\_\_\_, who is under the Employees' Dependents  
(EDSP)/Grand Father Clause Scholarship Program(GFCSP) for the \_\_\_\_ semester of School Year \_\_\_\_\_. He/She is  
enrolled in (course) \_\_\_\_\_, classified as (curriculum year) \_\_\_\_\_. The  
aforementioned scholar is entitled to a one hundred/seventy-five/fifty (100%/75%/50%) percent tuition fee discount.

Thank you very much.

Sincerely,

\_\_\_\_\_  
*Manager*

Approved,

\_\_\_\_\_  
*Registrar*

**Note:** This authorization letter must be secured by the employee applicant from The Registrar – Admissions, Scholarships and Testing Section (TRAST) two (2) weeks before enrollment.

cc: DLSMHSI Accounting Office, File