



**ENHANCED BROTHER PRESIDENT SCHOLARSHIP PROGRAM (EBPSP)**

**AUTHORIZATION LETTER FOR EBPSP ENROLLMENT**

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

For: **The Scholarship Office**  
**The Registrar’s Office**  
**The Accounting Office**  
**De La Salle University-Dasmarinas**  
**City of Dasmariñas, Cavite, Philippines**

I \_\_\_\_\_ (Name of Employee) from the \_\_\_\_\_ (Department/Office). Please accept the enrollment application of \_\_\_\_\_, who is under the Enhanced Brother President Scholarship Program (EBPSP) 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