



Title: <b>FINANCIAL AID &amp; STUDENT ASSISTANT RECOMMENDATION FORM</b>		
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## FINANCIAL AID GRANT & STUDENT ASSISTANT RECOMMENDATION FORM

### SCHOLARSHIP COMMITTEE

De La Salle University-Dasmariñas  
Dasmariñas City, Cavite

Please PRINT all entries.

To be filled out by the applicant

NAME OF APPLICANT: \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

COURSE: \_\_\_\_\_

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To be filled out by the HS Teacher/Adviser, HS Guidance Counselor, or HS Principal.

The student whose name appears above is applying for Financial Assistance at De La Salle University-Dasmariñas (DLSU-D). To help the University Scholarship Committee evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible.

Is the applicant a recipient of financial assistance/scholarship in high school?  YES  NO

Do you have enough information about the applicant's family to say that they Will not be able to afford to send him/her to DLSU-D without a scholarship?  YES  NO

Will the applicant's family be able to send him/her to DLSU-D even without a scholarship?  YES  NO

Please use the portion below to write the applicant's qualification for financial assistance or academic ability.

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NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form in sealed envelope with your signature and school seal.**



### STUDENT SCHOLARSHIP OFFICE

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