



Admissions and
Scholarships Office

CENTENNIAL SCHOLARSHIP PROGRAM (CSP)

APPLICATION FORM

DEPENDENT INFORMATION

Name(s) of Child(ren)	School/Degree	Grade/Year Level

SPONSOR INFORMATION

Name of Parent/Sponsor Employed at DLSU: _____

Department/Unit: _____

Employment Details:

- Date of Permanency: _____
- Number of Years as Permanent Faculty/AAPP/ASF/APSP: _____

By signing this form, I confirm that all the information provided is accurate and complete. I understand that my employment details will be verified, and any misrepresentation may result in the cancellation of the scholarship grant.

Employee/Sponsor Signature: _____

Date Signed: _____

VERIFICATION OF EMPLOYMENT INFORMATION

For Faculty & ASF:
Office of the Provost

For AAPP & APSP:
CCHRSO

Verified by: _____

Verified by: _____

Date Signed: _____

Date Signed: _____

SCHOLARSHIP APPLICATION STATUS

Term 1 Term 2 Term 3 Summer

Academic Year: _____

Disapproved (Reason): _____

APPROVED By: _____

Director, Admissions and Scholarships Office