



Scholarship and
Financial Assistance
Office

SCHOLARSHIP ACCEPTANCE FORM

I, _____, hereby confirm my acceptance of the:
Name of Scholar

Please check only one:

- Vaugirard Scholarship Program
- Gokongwei Grants

In consideration of the scholarship awarded to me, I signify my commitment to and concur with all the provisions of the program.

I also acknowledge that upon signing this conforme, I am only allowed to withdraw from the program within an allowable period (14 to 24 February 2012, 5:30 pm) so that the University may have the option to award the vacated slot to another equally deserving candidate of the program.

I further understand and agree to submit all the requirements necessary to process my application on or before 03 April 2012, 5:30 p.m. at the De La Salle University Scholarship and Financial Assistance (SFA) Office.

In signing this conforme, I certify that I will adhere to all of the above-stated terms and conditions.

Name of Scholar: _____ Date: _____
(Signature over printed name)

Parent/Guardian: _____
(Signature over printed name)

Please return this form not later than **5:30 pm** of **24 February 2012** to:

De La Salle University
Scholarship and Financial Assistance Office
2401 Taft Avenue Manila, Philippines
536 0225, 524 4611 loc. 162
scholarships@dlsu.edu.ph