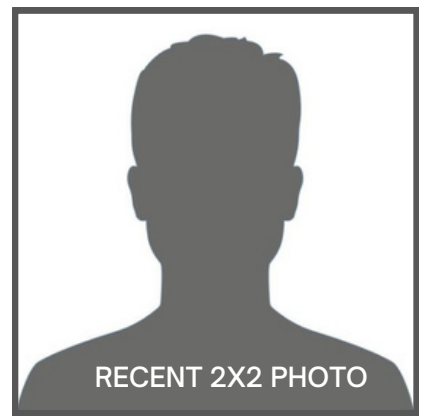




**De La Salle-College of Saint Benilde**  
 Center for Admissions-Scholarships and Grants Unit (CA-SGU)  
 Email: [scholarships@benilde.edu.ph](mailto:scholarships@benilde.edu.ph)



**BENILDE SHS MANILA**  
**SCHOLARSHIP APPLICATION FORM**

FIRST NAME	MIDDLE NAME	LAST NAME
PERMANENT ADDRESS: _____		
MAILING ADDRESS: _____		
EMAIL ADDRESS	TELEPHONE NUMBER	MOBILE NUMBER
CITIZENSHIP	RELIGION	CIVIL STATUS

*\*Scholarships will be provided to Filipino citizens only.*

**Part 1. Scholarship Application Declarations (Required information)**

- Do you have physical disability (e.g. heart condition, visual/hearing impairment, etc.), special learning needs (e.g. dyslexia, ADHD, ASD, etc.) or psychological condition that affected your schooling before and/or may affect your schooling at Benilde?  
 YES  NO If yes, please specify condition/s \_\_\_\_\_
- Have you ever been enrolled in any College/University?  YES  NO If yes, please specify school \_\_\_\_\_
- Has any member of your family availed of a scholarship in Benilde?  YES  NO If yes, please specify scholarship type and name of recipient \_\_\_\_\_

**Part 2. Admission Information (Required information)**

Admissions Application No. \_\_\_\_\_ Date of Benilde Entrance Examination (BEE is required): \_\_\_\_\_  
 Strand/Track Accepted (according to the application portal): \_\_\_\_\_

**Part 3. Applying for (please check only one)**

- Academic Scholarship  From what Junior High School  public school  private school  
 Name of School: \_\_\_\_\_
- Financial Grant  From what Junior High School  public school  private school  
 Name of School: \_\_\_\_\_

**I understand and agree that:**

- The information requested above is meant for my initial application for a scholarship at De La Salle-College of Saint Benilde.
- If I am accepted into the degree program I am applying for, I may be asked for further documents/requirements for my scholarship application.
- It is my responsibility to inform the CA-SGU of any changes in my contact information between the date I submit this form and or before March 15, 2025.
- I have carefully read the contents of this scholarship application form. I certify that the information given herein is correct and complete. Falsification, misinterpretation, or withholding of information requested in this form will automatically nullify my application and enrollment. I understand that I am liable for exclusion from DLS-CSB for my falsification, misinterpretation, or withholding of information employed by me or on my behalf concerning this application.
- I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information contained in this application form to DLS-CSB for purposes of assessing my scholarship application. This information will be shared with the members of the scholarship committee.

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME OF APPLICANT/DATE

\_\_\_\_\_  
 SIGNATURE OVER PRINTED NAME OF PARENT/DATE