

DE LA SALLE-COLLEGE OF SAINT BENILDE
Center for Admissions
SCHOLARSHIP GRADE FORM



Name of Applicant: _____ Sex: _____
Surname
First name
Middle name

School: _____ Years Attended: _____ to _____

School Address: _____

Senior High School Strand: _____ Learner Reference Number: _____

To the Applicant: Write the information needed above and give this form to the Registrar's Office.

Verification/Authorization: I voluntarily and knowingly consent to the processing of the information contained in this form and its disclosure to Benilde Center for Admissions for purpose of assessing my application.

 Printed Name & Signature of Applicant Date Printed name and Signature of Parent/Guardian Date

To the Registrar: Please type the student's final grades for the following grade levels. For failing grade/s, please indicate the summer grade/s. Thank you very much.

NOTE: For the Final General Average, grades in percentage format: (e.g. 95%, 90%, 85%, etc.)

Grade Level	School Year Attended	Final General Average
7		
8		
9		
Overall Average		

NOTE: Applicants who studied abroad should submit an apostille/authenticated Transcript of Records by the Philippine Foreign Service Post.

Certified Correct By:

 Printed Name & Signature

 Designation

 Date

 Contact Number

PLACE
SCHOOL DRY SEAL
HERE