

**The SLMCFI Scholarship Grant**

**About the Scholarship Grant**

1. The Full Scholarship Grant is good for five years, unless otherwise stated or terminated, due to non-compliance to grade requirements (maintaining average of at least 80 per cent per semester and violations to other stipulations of the Grant.
2. Any other scholarships received by the student from the St. Luke’s College of Medicine-William H. Quasha Memorial shall be terminated once he or she is awarded the SLMCFI Scholarship Grant.
3. Students applying for the Full Scholarship Grant are expected to fill out the application form and produce documentary requirements as evidentiary support.
4. The St. Luke’s Medical Center Foundation, Inc. (SLMCFI) in cooperation with the St. Luke’s Medical Center College of Medicine-William H. Quasha Memorial have the sole authority to award the scholarship to qualified students based on the established socioeconomic criteria and the availability of grant money.
5. Falsification and/or withholding of information during the application process will be grounds for the disqualification of the student’s application, the termination of the scholarship in case it has already been awarded to the student, and expulsion from the Medicine Program of the College.
6. All information shared by the student will be treated with confidentiality and will solely be used for scholarship purposes.

**Available Scholarships**

There are three categories of available scholarships:

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| --- | --- |
| **Category** | **Description** |
| 1 | A generous scholarship program that covers tuition fees, book allowances, and miscellaneous fees. |
| 2 | Partial scholarship covering 70% of the Tuition and Lab /Clinical Fees |
| 3 | Partial scholarship covering 50% of Tuition and Lab/Clinical Fees |

**Criteria to be Eligible for the Scholarship**

To qualify to the SLMCFI Scholarship Grant, the student must:

1. Be Filipino;
2. have an NMAT score of 90 percent or better, preferably graduated with Latin honors;
3. Have been accepted to and enrolled in the Medicine Program of SLMC College of Medicine-WHQ;
4. Within ten (10) years from the time of being active in private professional practice, have the commitment to help the Foundation as a volunteer and become a regular donor of the Foundation in the future to support the Scholarship initiatives of SLMCFI;
5. Meet the established socioeconomic criteria outlined below:

**Income Criteria for Eligibility to the Scholarship:** Combined Annual Family Income of not more than PhP900,000 and other checks and balances.

**Instructions**

1. Fill out the application form clearly. DO NOT LEAVE ANY BOX UNANSWERED. Should you wish an electronic copy, please send an email message to stlukesfoundation.ph@gmail.com You may print out your answers; however, you will be required to submit a hardcopy instead of an electronic copy.
2. Boxed responses should be marked with an X.
3. All erasures should be countersigned.
4. Place the application form including the documentary requirements in a long brown envelope. Make sure all documents are complete. Incomplete application form and documents will not be processed.
5. Label the brown envelope with your name and student number on the left hand corner. Address the envelope to Dr. Benjamin S.A. Campomanes Jr., MD, President, SLMCFI.
6. Submit the materials to the St. Luke’s Medical Center Foundation, Inc., 8/F St. Luke’s College of Medicine-William H. Quasha Memorial Building by end of day, May 31, 2023.
7. Applicants must also scan and email the application with supporting documents to slmcfoundation@stlukes.com.ph



**Attach 2x2 PHOTO HERE**

**Scholarship Grant Application**

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| **Personal Information** | | |
| **Name** (Surname, First Name, Middle Name) | | **Student Number** |
| **Date of Birth** (Day, Month, Year) | **Sex**  € Male  € Female | **Citizenship**  € Filipino  € Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Civil Status**  € Single € Married € Separated/Divorced € Widowed | | **Religion** |
| **Contact Information** | | |
| **City Address** | | **Phone Number (Landline)** |
| **Permanent Address** | | **Phone Number (Landline)** |
| **Cellphone Number of Applicant** | **Email Address** | **Mailing Address same as:**  € City Address  € Permanent Address |
| **Information about Parents/Guardian/Spouse** | | |
| **Name of Parent/Legal Guardian/Spouse (Encircle One)** | | **Contact Number** |
| **Permanent Address** | | |
| **For Official Use Only (Do not write below this line)** | | |
| **Scholarship Application No.** | **Academic Year** | **Date Received** |

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| **High School Information** | | | | | | | |
| **Name of High School** | | | | | **Contact Number** | | |
| **Address** | | | | | **Classification of High School**  € Public  € Science High School  € Private | | |
| **Check One. € Paying Student € On scholarship: Source of Scholarship\_\_\_\_\_\_\_\_\_\_ € Others** | | | | | | | |
| **Tertiary School Information** | | | | | | | |
| 1. **Name of College/University** 2. **GWA** 3. **NMAT Score** 4. **Latin Honors, if any** | | | | | **Contact Number** | | |
| **Address** | | | | | **Course** | | |
| C**lassification of College/University**  € Public  € Private  € State University | | **Total tuition fee paid on the last two semesters of College** | | | **Were you on a scholarship in College?**  € Yes, € Full € Partial  € No | | |
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|  | | |
| **Employment Information** | | | | | | | |
| **Are you currently employed?**  € Yes, € Full time € Part time  € No | | **Name and Address of Company** | | | | | |
| **Contact Number** | | **Monthly Salary** | | | **Reference** | | |
| **Medical Education Financing Information** | | | | | | | |
| **Who will finance your medical education?**  €Self € Guardian€ Relatives  € Parents € Spouse  € Scholarship, Amount: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Loan P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Others P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **I am applying for the following Scholarship Grant:**  € Category 1  € Category 2  € Category 3 | | |
| **Essay. Why do you need a Scholarship Grant from SLMCFI? How will the scholarship help you? Write a maximum of 1,500 word essay, why you think you should be awarded the Foundation scholarship, why you want to become a doctor, and what you envision yourself doing after graduating from medical school. Please type your answer on a bond paper with your name clearly written on the upper left corner of the front page.** | | | | | | | |
| **Photos. Please include photos of you and your family inside and outside your home on wide angle shots.** | | | | | | | |
| **Household Data** | | | | | | | |
| **Name** | **Age** | | **Highest Educational Attainment** | **School Graduated from** | | **Occupation** | **Annual Salary (Gross Income)** |
| Father |  | |  |  | |  |  |
| Mother |  | |  |  | |  |  |
| Legal Guardian |  | |  |  | |  |  |
| Spouse |  | |  |  | |  |  |
| Other family member/s contributing to household expenses (specify relationship) | | | | | | | |
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| **Which family members live in your household?** | | | | | | | |
| € Father € Mother € Legal Guardian € Sister  € Spouse € Children (your own, if any) € Brother€ Others \_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **Single, non-earning sibling living with the family. For married applicants, please write your children instead.** | | | | | | | | | | | | | | |
| Name | | Age | | Relationship to Applicant | | | | | Studying | | Name of School  Check applicable box | | | |
| Yes | No |
|  | |  | |  | | | | | € | € | € Private € Public | | | |
|  | |  | |  | | | | | € | € | € Private € Public | | | |
|  | |  | |  | | | | | € | € | € Private € Public | | | |
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|  | |  | |  | | | | | € | € | € Private € Public | | | |
| **Household Financial Information** *(All information that will be written here will be verified through documentary evidences and through home visit. Falsification or misrepresentation of information can lead to cancellation of the scholarship or the expulsion from the College of Medicine. This will be kept strictly confidential.)* | | | | | | | | | | | | | | |
| **Sources of income of your household (Check all applicable items)** | | | | | | | | **Who contributes to the family income? (Check all that applies** | | | | | | |
| € Salary Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Business Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Farm,  € Owned € Renting  Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Professional fees Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_  € Remittance abroad Estimated monthly income\_\_\_\_\_\_\_\_\_\_  € Pension Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated monthly income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | € Father  € Mother  € Siblings, No. of siblings \_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Grandparents  € Uncles and Aunts  € Legal Guardian  € Others, pls specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Does your family have……(Check all that applies)** | | | | | | | | **How much is the combined annual family income?** | | | | | | |
| € None € Cook € Others\_\_\_\_\_\_\_\_\_\_\_  € Maid/Yaya€ Driver  € Houseboy € Gardener | | | | | | | | € Less than P100,000  € P100,000 to P425,999  € P426,000 to P699,999  € P700,000 to P1,000,000  € More than P1,000,000 | | | | | | |
| **Utilities Information** | | | | | | | | | | | | | | |
| **How much was your electricity bill in the last three months?** | | | | | | | | **How much was your water bill in the last three months? Specify if no piped in water.** | | | | | | |
| Month and Year | Amount | | | | | | | Month and Year | | | | Amount | | |
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| **Do you have cable or satellite subscription?** | | | | | | | | **Do you have a landline?** | | | | **Do you have internet?** | | |
| € Yes, Amount of monthly subscription \_\_\_\_\_\_\_\_\_\_\_\_  € No | | | | | | | | € Yes, Latest bill \_\_\_\_\_\_\_\_\_  € No | | | | € Yes, Latest bill\_\_\_\_\_\_\_\_\_  € No | | |
| **Are your parents/legal guardian/spouse a member of the following organizations? Check all that applies** | | | | | | | | | | | | | | |
| € No membership to any organization  € Business Organization (Chambers of Commerce, Business Clubs, PCCI, etc.)  € Sports or Country Club (Quezon City Sports Club, Manila Polo Club, Celebrity Sports Plaza Club, etc)  € Religious Organizations (Couples for Christ, Knights of Columbus, etc)  € Service Organizations (Zonta, Rotary Club, Lion’s Club, etc)  € Professional Organizations (Philippine Medical Association, Integrated Bar of the Philippines, etc)  € Others, pls specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Travel Information** | | | | | | | | | | | | | | |
| Do you have a passport? | | | | | | Have you travelled abroad in the last three years? | | | | | | | | |
| € Yes, Passport No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € No | | | | | | € Yes, Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who financed your travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € No | | | | | | | | |
| **Home and Property Ownership Information** | | | | | | | | | | | | | | |
| **Home ownership**  € Owned, not mortgaged  € Owned, mortgaged, Total unpaid mortgage\_\_\_\_\_\_\_\_\_\_\_  € Rented, Amount of rent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **What is the approximate floor area (in sqm) of your family’s house?** | | | | | |  | |
| **No of bedrooms** | | | | | |  | |
| **No of toilets and bathrooms** | | | | | |  | |
| **Do you have flush toilets?** | | | | | | € Yes € No | |
| **Home Appliances** | | | **Yes** | | **How many** | | **Home Appliances** | | | | | | **Yes** | **How many** |
| Television | | |  | |  | | Air Conditioner | | | | | |  |  |
| Video player | | |  | |  | | Clothes Dryer | | | | | |  |  |
| Radio | | |  | |  | | Upright Freezer | | | | | |  |  |
| Karaoke | | |  | |  | | Hand operated water pump | | | | | |  |  |
| Wood/charcoal/kerosene stove | | |  | |  | | Electric water pump | | | | | |  |  |
| LPG Stove | | |  | |  | | Desktop computer | | | | | |  |  |
| Cooking range with oven | | |  | |  | | Laptop | | | | | |  |  |
| Microwave | | |  | |  | | Computer game system | | | | | |  |  |
| Washing machine | | |  | |  | | Tablet | | | | | |  |  |
| Refrigerator | | |  | |  | |  | | | | | |  |  |
| **What materials are your house made of?** | | | | | | | | **How can you best describe your residential area? Checkall possible answers** | | | | | | |
| € Concrete  € Semi-Concrete (half wood, half concrete)  € Made of light materials (corrugated iron, plywood, carton, etc. | | | | | | | | € Urban € Gated subdivision  €Suburban area  € Slums  € Rural€ City/Municipality€ Farm | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Does your family own residential lots aside from where you are living (page 7)?** | | | | | | | |
| € Yes  € No | Location | | | Market Value | | Are these income generating?  € Yes € No | |
| **Does your family own non-residential/agricultural land?** | | | | | | | |
| € Yes  € No | Location | | | Market Value | | Are these income generating?  € Yes € No | |
| **Does your family own any of the following vehicles?** | | | € None € Yes | | | | |
| **Type** | **How many?** | **Year Model** | **Type** | | **How many?** | | **Year Model** |
| Car |  |  | Pick-up truck | |  | |  |
| Van |  |  | Owner Type | |  | |  |
| SUV |  |  | Truck | |  | |  |
| AUV |  |  | Passenger jeep | |  | |  |
| Motorcycle |  |  | Tricycle | |  | |  |
| **Are you willing to volunteer a part of your time to help the Foundation with its work?** | | | **Are you willing to be a regular donor of the Foundation in the future when you have established your practice as a doctor to help other financially disadvantaged students to become doctors in the future?** | | | | |
| € Yes € No | | | € Yes € No | | | | |

**Check list of Documentary Requirements**

**Instructions:**

1. Applicants should submit to the Foundation the application form along with the photocopy of the following documents (no original documents please except for the Barangay Certificate) placed in a long brown envelope with the name of the applicant printed clearly on the left hand corner of the envelope.
2. Address the envelope to **St. Luke’s Medical Center Foundation, Inc**:
3. Check appropriate box. If not applicable, write NA.

€ An application letter that states your intent to apply for scholarship (this is separate from the essay)

€ Two 2x2 photographs, with your name clearly written on the back.

€ Photo of the inside and outside of your home, with you and your family, preferably on wide angle shot.

€ Latest ITR of all employed household members.

€ If unemployed, certificate of unemployment from the Barangay

€ Copy of latest payslip of employed household members

€ Barangay Certificate attesting that the applicant is a resident of the barangay

€ Official Receipt of Realty Tax for last year, if house is owned

€ Official Receipt of rental payment, if the applicant and family are renting a house or notarized certificate from landlord stating the amount of rent being paid

€ Official Receipt of tuition paid for the last two years of College

€ Vicinity Map of the applicant’s residence, with the house of the applicant clearly marked.

€ Phone bill for the last three months

€ Cellphone bill for the last three months (postpaid plan holders)

€ Electric bills of the household for the last three months

€ Water bills of the household for the last three months

€ Cable TV bill of the household for the past month, if applicable

€ Internet bill of the household for the past month, if applicable

€ Certificate of indigency from the local social welfare office, if applicable

**Statement of Authenticity and Truth of Documents and Assertions**

I hereby certify that all information and facts that I stated in this application form are true to the best of my knowledge. I also certify to the authenticity of the documents that I am submitting with this application form.

I understand that falsification and withholding of information will automatically disqualify me from the Scholarship Grant. These can also serve as grounds for my expulsion from the St. Luke’s Medical Center College of Medicine-William H. Quasha Memorial.

I understand that I will have to reimburse the full amount of money the SLMFCFI has granted me, plus interest if I am found to have falsified or misrepresented any information contained herein.

I am authorizing the St. Luke’s Medical Center Foundation, Inc. to investigate the authenticity of the documents and the veracity of my claims. I know that a team will visit my home/residence to interview and gather evidences that will back up my claims. I also understand that the team will be taking photographs as evidence to support my claims of the financial circumstances of my family.

Lastly, I understand that my failure to fully cooperate with the SLMCFI will mean my disqualification from the Scholarship Grant.

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Printed Name and Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**VICINITY MAP (Please include major streets and landmarks. Mark your house clearly.)**