

**The SLMCFI Scholarship Grant**

**About the Grant**

1. St. Luke’s Medical Center Foundation, Inc.’s (SLMCFI) Full Scholarship Grant is good for five years, unless otherwise stated or terminated, due to A) non-compliance to grade requirements, B) not maintaining an average of at least 80 per cent per semester and C) 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. Any revisions in contact information must be relayed to SLMCFI within seven (7) days.
7. Upon acceptance into the scholarship program, scholars must sign the educational grant agreement within 30 days.

**Available Scholarships**

There are three categories of available scholarships:

|  |  |
| --- | --- |
| **Category** | **Description** |
| 1 | Full scholarship program that covers tuition fees, book allowances, and miscellaneous fees. |
| 2 | Partial scholarship covering 50% - 75%of Tuition, Lab and Clinical Fees |

**Criteria for Eligibility**

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

1. Be a natural-born Filipino citizen
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 St. Luke’s College of Medicine – William H. Quasha Memorial
4. Must have a combined annual family income of not more than PHP 900,000.00 and other checks and balances
5. Agree to volunteer and participate in SLMCFI’s initiatives and campaigns whenever called for or necessary and whenever available

**Instructions for filling out the Grant Application Form**

This is a fillable word document. Please click on the gray spaces to input your answers.

1. Fill out the application form clearly. Do not leave any field unanswered. Indicate N/A if field is not applicable.
2. Boxed responses should be marked with an **X**.
3. All erasures should be countersigned (for manually filled out forms).

**Instructions for submission of requirements**

1. 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. Please refer to page 8 for the checklist of documentary requirements.
2. Label the brown envelope with your name and student number on the upper left hand corner. Address the envelope to the **Scholarship Acceptance Committee, St. Luke’s Medical Center Foundation, Inc.**
3. Submit the materials to the **SLMCFI Office, 8/F St. Luke’s College of Medicine – William H. Quasha Memorial Building** on or before **May 30, 2024**, **5:00 PM.**
4. Applicants must also scan and email the application form along with the supporting documents to **slmcfoundation@stlukes.com.ph** on or before **May 30, 2024**, **5:00 PM.**

 **Scholarship**

Attach 2x2 Photo

**Grant Application Form**

|  |  |  |
| --- | --- | --- |
| **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** | | **Mobile Number** |
| **Permanent Address** | | **Landline Number** |
| **Social Media Link or Handle**  Facebook  Instagram  X  LinkedIn  Others | **Email Address** | **Mailing Address same as:**  City Address  Permanent Address |
| **Information about Parents/Guardian/Spouse** | | |
| **Name of**  **Parent**  **Legal Guardian** **Spouse (Choose one)** | | **Contact Number** |
| **Permanent Address** | | |

|  |  |  |
| --- | --- | --- |
| **For Official Use Only (Do not write below this line)** | | |
| **Scholarship Application No.** | **Academic Year** | **Date Received** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **High School Information** | | | | | | | |
| **Name of High School** | | | | | **Contact Number** | | |
| **Address** | | | | | **Classification of High School**  Public  Science High School  Private | | |
| **Please choose 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 | | |
| **1st Semester** | | |
| **2nd Semester** | | |
| **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: PHP  Loan, Amount: PHP  Others      , Amount: PHP | | | | | | | |
| **Essay**  Why do you need a Scholarship Grant from SLMCFI? How will the scholarship help you?  Write a 1,500 (maximum) word essay on 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 separate sheet of paper/s with your name clearly written on the upper left corner of the front page. | | | | | | | |
| **Photos**   1. Your house\* 2. You and your family inside your house\* 3. You and your family outside your house\* 4. Vicinity map of the location of your house. Please include major streets and landmarks. Mark your house clearly.   \* Wide-angle shots are preferred. | | | | | | | |
| **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. Please 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 | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |
|  | |  | |  | | | |  |  | Private  Public | | | |
| **Household Financial Information** *(All information on this section will be verified through supporting documentary and 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.)* | | | | | | | | | | | | | |
| **What is your household’s source/s of income?**  **Check all that apply.** | | | | | | | | **Who contributes to the family income?**  **Check all that apply.** | | | | | |
| 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, Number of siblings  Grandparents  Uncles and Aunts  Legal Guardian  Others | | | | | |
| **Does your family have any of the following? Check all that apply.** | | | | | | | | **How much is the combined annual family income?** | | | | | |
| Maid/Yaya  Houseboy  Cook Gardener  Driver  Others  None | | | | | | | | Less than P100,000  P100,000 to P425,999  P426,000 to P699,999  P700,000 to P999,999  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 | | |
|  |  | | | | | |  | | | |  | | |
|  |  | | | | | |  | | | |  | | |
|  |  | | | | | |  | | | |  | | |
| **Do you have cable subscription?** | | | | | | | **Do you have a mobile postpaid subscription?** | | | | | | |
| Yes Amount of monthly subscription  No | | | | | | | Yes Latest bill amount  No | | | | | | |
| **Do you have a landline?** | | | | | | | **Do you have internet?** | | | | | | |
| Yes Latest bill amount  No | | | | | | | Yes Latest bill amount  No | | | | | | |
| **Are your parents/legal guardian/spouse a member of the following organizations? Check all that apply** | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| **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 amount  Rented  Amount of rent  Others | | | | | | | **What is the approximate floor area (in sqm) of your 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 | | |  | |  | | Video game console | | | | |  |  |
| Washing machine | | |  | |  | | Tablet | | | | |  |  |
| Refrigerator | | |  | |  | |  | | | | | | |
| **What materials are your house made of?** | | | | | | | **How can you best describe your residential area? Check all that apply.** | | | | | | |
| 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 6)?** | | | | | | | |
| 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?** | | | | Yes  Yes | | | |
| **Type** | **How many?** | | **Year, Make and Model** | **Type** | | **How many?** | **Year, Make and Model** |
| Car |  | |  | Pick-up truck | |  |  |
| Van |  | |  | Truck | |  |  |
| SUV |  | |  | Owner type jeep | |  |  |
| 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 | | | |

**Documentary Requirements**

Application Documents:

* Application letter addressed to the Scholarship Acceptance Committee
* Fully accomplished Scholarship Application Form
* Signed Data Privacy Form
* Signed Statement of Authenticity and Truth of Documents and Assertions
* Personal statement containing academic and career objectives
* Two 2x2 photos with the applicants name written on the back

Personal Identification:

* Original copy of PSA Birth Certificate
* Certified true copy of any government-issued ID

Income Documents:

* Latest Income Tax Return (ITR) of parents or legal guardian of the applicant including all employed household members

*For unemployed parents or legal guardian, Certificate of Unemployment and Certificate of Indigence from the local government office*

*For senior citizens, Senior Citizen ID is sufficient*

* Payment slips of employed household members worth three months

Proof of Residence:

* Certificate of Residency
* Utility bills worth three months
* Water
* Electricity
* Internet
* Phone (landline and/or mobile)
* Vicinity map of the applicant’s residence
* Photos of the property or residence

Academic Documents:

*The Foundation will obtain these documents from the SLMCCM-WHQM thru the*

*Office of the Registrar*

* Certificate of Graduation
* Certificate of Transfer Credentials or Honorable Dismissal
* Two (2) letters of recommendation from former professors
* Registration form with SLMCCM-WHQM
* NMAT Examinee Report Form

DATA PRIVACY CONSENT FORM

I,       (*applicant’s full name*), hereby consent and authorize **St. Luke’s Medical Center Foundation** (**SLMCFI**) to collect, use, share, and disclose my personal data contained in my application form and in other supporting documents for the purpose of verifying my identity, and to assess and evaluate my application for eligibility for **SLMCFI**’s Medical Education Scholarship Grant. I acknowledge that my personal data collected may be shared to **SLMCFI**’s partner schools as well as to authorized individuals and/or entities to assist **St. Luke’s Medical Center Foundation** in the selection process for the scholarship program.

I understand that in compliance with the Data Privacy Act (R.A. No. 10173), **SLMCFI** will strive to keep my information private and confidential and will retain my information solely for the fulfillment of the aforementioned purposes.

If my application is successful, **SLMCFI** will collect, use and retain my personal data for up to ten (10) years.

If my application is not accepted, **SLMCFI** will retain my information for one (1) year, after which my records will be disposed. Should there be a slot available in the future, I am allowing **SLMCFI** to contact me using the information I provided to acquire my consent for purposes of re-processing my application.

I acknowledge that I have the right to access and modify my personal data or raise any related question or concern by contacting **SLMCFI** through slmcfoundation@stlukes.com.ph.

I acknowledge that to learn more about how **SLMCFI** processes and protects my personal data, I may refer to St. Luke’s Medical Center’s Data Privacy Policy at  [https://www.stlukes.com.ph/privacy-policy.](http://www.bpi.com.ph/)

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Printed Name and Signature of Applicant

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

Date Signed

*If the student is a minor,*

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

Printed Name and Signature of Parent or Legal Guardian

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

Date Signed

**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