**La Salle Green Hills**

**Lasallian Educational Assistance Program Office**

*343 Ortigas Avenue, Mandaluyong City*

*Email: leap@lsgh.edu.ph*

RECOMMENDATION for FINANCIAL ASSISTANCE

# TO THE APPLICANT*:*



1. Please fill in your name and scholarship application status. Write in print.
2. Choose **any two** (2) of the following to recommend you: a) Homeroom Adviser; b) Subject Teacher; or

c) Guidance Counselor. After accomplishing your name and your financial assistance status, forward this form to the person recommending you. Provide him/her also with a letter envelope.

*Name of Applicant:*

***LAST NAME GIVEN NAME MIDDLE NAME***

*Financial Assistance Status*: New Renewal

# TO THE PERSON RECOMMENDING*:*

*The student whose name appears above is applying for Financial Assistance. To help the Scholarship and Financial Assistance Committee evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible. When you have accomplished this form, please seal it in a letter envelope, sign across the flap, and return it to the applicant.* ***All information will be kept confidential****. Thank you.*

Do you have enough information about the applicant’s family to say that they will not be able to afford to send him to LSGH without the school’s financial assistance next school year?

NO

YES

Will the applicant’s family be able to send him to LSGH even without a scholarship?

NO

YES

Please use the portion below for your comments about the applicant’s:

1. qualifications for financial assistance
2. academic ability

DATE SIGNATURE over PRINTED NAME DESIGNATION / POSITION

LEAP Recommendation Form

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