



SCHOLARSHIP FORM

Date: _____
S.Y. : _____

() First Semester () Second Semester () Summer

I wish to apply for the special privilege offered by the University under the category below:

- () Educational Benefit for Children () Educational Benefit of Sibling or Child of a Sibling
() Employee Tuition Discount

Form with columns: NAME, GRADE/ LEVEL, ID NUMBER. Includes sections for Tuition and Misc. Fees with percentage options (100%, 75%, 50%, 25%, 37.5%, 12.5%).

Name and Signature of Employee Office/Unit Status of Employment

AUTHORITY TO DEDUCT FROM PAYROLL

This is to authorize the Finance Office of Ateneo de Zamboanga University to deduct from my semi-monthly payroll the Tuition, Miscellaneous and other fees for the () First Sem () Second Sem () Summer for School Year _____. Please check if enrolled is :

- () Dependent/s () Sibling/Child of a Sibling () Employee

Table with 9 columns: Name of Dependent, Relationship, Grade /Level, Tuition, Misc Fee, Books, Computer, Others, Total.

Approved by:

Name and Signature of Employee

JANE C BASCAR, PhD HRADO Director

MELANIE M MANUEL, CPA Treasurer



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Name and Signature of Employee Office/Unit Status of Employment

ACKNOWLEDGMENT SLIP

This is to certify/confirm that the names listed below are enrolled under the AdZU Employee Benefits Scholarship Program for the () First Sem () Second Sem () Summer for School Year _____. Please check if enrolled is :

- () Dependent/s () Sibling/Child of a Sibling () Employee

Table with 3 columns: Name of Dependent, Relationship, Grade/Level.

Approved by:

Name and Signature of Employee

JANE C BASCAR, PhD HRADO Director

MELANIE M MANUEL, CPA Treasurer