## Ateneo de Zamboanga University

**Finance Copy** 

()12.5%

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() Employee Tuition Discount

()100%

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PRIVILEGE GRANTED:

NAME

Tuition:

Tuition:

Misc. Fees:

Misc. Fees:

HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT OFFICE

()First Semester ()Second Semester ()Summer

()50%

()50%

()50% ()50%

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

()75%

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### **SCHOLARSHIP FORM**

**GRADE/ LEVEL** 

()25%

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Date:	
S.Y. :	

()25%

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**ID NUMBER** 

## Ateneo de Zamboanga University

**HRADO Copy** 

Grade/Level

MELANIE M MANUEL, CPA

Treasurer

#### HUMAN RESOURCE ADMINISTRATION AND DEVELOPMENT OFFICE SCHOLARSHIP FORM

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Relationship

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PRIVILEGE GR						
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Misc. Fees:	()100%	( )75%	( )50%	( )37.5%	( )25%	( )12.5%
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Tuition:	()100%	()75%	() 50%	()25%		
Misc. Fees:	()100%	()75%	()50%	()37.5%	( )25%	()12.5%
3						
Tuition:	()100%	()75%	()50%	()25%		

<		A	KNOWLEDGMEN	T SLIP		
Name and Signature of Employee		Office/U	Init	Status of	Employment	
Tuition: Misc. Fees:	( )100% ( )100%	( )75% ( )75%	( ) 50% ( )50%	( )25% ( )37.5%	( )25%	( )12.5%
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3 Tuition: Misc. Fees:	( )100% ( )100%	( )75% ( )75%	( ) 50% ( )50%	( )25% ( )37.5%	( )25%	( )12.5%
Tuition: Misc. Fees:	()100% ()100%	( )75% ( )75%	( ) 50% ( )50%	( )25% ( )37.5%	( )25%	( )12.5%
2						

Approved by:

JANE C BASCAR, PhD

**HRADO** Director

# ()12.5% nployment 3 payroll the 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 Please check if enrolled is: () Dependent/s () Sibling/Child of a Sibling () Employee Total Name of Dependent

Name and Signature of Employee

Tuition: Misc. Fees:	()1009 ()1009			() 50% ()50%		)25% )37.5%	( )25%		()12.5%
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Tuition: Misc. Fees:	()1009 ()1009			()50% ()50%		)25% )37.5%	( )25%	%	( )12.5%
Name and Signature of Employee					Status of Employment				
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Tuition, Miscel check if enrolle	laneous an ed is :	nance Office of And other fees for ing/Child of a Si	the ( )Firs	st Sem ()Sec				-	
Name of Depe	ndent	Relationship	Grade /Level	Tuition	Misc Fee	Books	Computer	Others	Total
				Approve	ed by:				
Name and Si	gnature c	of Employee			BASCAR, Ph	nD	MELAN	IE M MA	ANUEL, CPA