

**University of the East Ramon Magsaysay Memorial Medical Center
Alumni Foundation, USA, Inc.**

Acknowledgement of the Receipt and Evaluation of Funding

To: The Executive Committee, UERMMMC Alumni Foundation USA, Inc.

From: _____

(Print your Name)

(Address)

Purpose of Funding:

- Undergraduate Tuition Scholarship (specify semester(s), school year) _____
- Fellowship/Residency Training/
- Faculty Development Program
- Medical Library
- Research and Memorial Lectures
- Community Service Program
- School of Physical Therapy
- Wish List
- Other Purpose (please specify) _____

Additional Details About Funded Program:

This is to acknowledge the receipt of _____ pesos or \$ _____
for the purpose described above.

Attached are receipts and/or other supporting paperwork specifically documenting how
the funding was used.

Thank you.

Signature

Date

----- *Complete the items below for CQI use* -----

How did you learn about the availability of funding from the UERMMMC Alumni Foundation USA, Inc.:

- Bulletin Board*
- Newsletter*
- Informed by the College and/or faculty*
- Others (please specify) _____*

Date when you submitted your completed application form: _____

Date when you were notified that you are a recipient of funding: _____

Date when you received the funding: _____

Suggestions and Remarks

/atc
4/2/02