

University of the East Ramon Magsaysay Memorial Medical Center Alumni Foundation

UNDERGRADUATE TUITION FEE SCHOLARSHIP

Eligibility Criteria:

- ◆ Currently enrolled at the University of the East Ramon Magsaysay Memorial Medical Center College of Medicine
- ◆ Will be second, third or fourth year during the school year when the scholarship will be granted.
- ◆ Maintain a GPA of ____ during the semesters
- ◆ Pass all the subjects and maintain a grade of _____ on all the medical and health related courses.
- ◆ Financial need
- ◆ Good moral character

Process:

- ◆ Complete the application form
- ◆ Submit the completed application form with photo and the required documentation to the Scholarship Committee of the UERMMMC College of Medicine on or before: _____ of each year.
- ◆ The scholarship money will be remitted by the UERMMMC Alumni Foundation, USA, Inc. on or before: _____ of each year to cover the tuition fee only for the specified semester(s).
- ◆ The recipient should complete and send the acknowledgement form on or before July 15 of each year. It will be included in the Annual Report of the Scholarship Committee of the UERMMMC Alumni Foundation, USA, Inc.
- ◆ Refer to the Terms of the Award for specific and other provisions.

Attachments:

- ◆ *Application form*
- ◆ *Acknowledgement form from the recipient of the funding*
- ◆ *Flyer announcement for posting on the bulletin boards and for publication in the newsletter and newspapers*
- ◆ *Tally Sheet for use by the Scholarship Committee*

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4/2/2002

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

UNDERGRADUATE TUITION FEE SCHOLARSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ **YEAR/LEVEL:** _____

NAME(S) of PARENTS OF GUARDIAN:

ADDRESS: _____

FAMILY'S ANNUAL OR MONTHLY INCOME: _____

FAMILY MEMBERS DEPENDENT ON THE ABOVE INCOME:

Name	Relationship	Age

Submit the completed application with the following documentation:

- ◆ Record of your grades
- ◆ Document(s) showing your family's income
- ◆ 2 letters of recommendation to prove your moral character
- ◆ One page essay indicating why you deserve the tuition fee funding and how could you reciprocate.

Signature

Date

/atc

4/2/02

University of the East Ramon Magsaysay Memorial Medical Center Alumni foundation,
USA
Tuition Fee Scholarship

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

**UNDERGRADUATE SCHOLARSHIP APPLICATION
TALLY SHEET**

(For use by the Scholarship Committee of the College of Medicine. A copy to be sent to the Scholarship committee of the UERMMMC Alumni Foundation, U.S.A., Inc.)

Name of Applicant: _____ **Year/Level:** _____

Criteria	Yes	No
Currently enrolled at UERM College of Medicine		
Grade Point Average of _____ Passing grade on all subjects.		
Minimum Grade of _____ on all Medicine/Health Courses		
Financial Need: Family Income Number of Dependents		
Letters of Recommendations (2)		
One page essay indicating: ◆ Why he deserves the tuition fee scholarship ◆ How could he reciprocate		

Remarks:

Processed by _____ **Position:** _____
Print Name

Signature: _____

/atc
4/2/02