UST RESEARCH & ENDOWMENT FOUNDATION, INC. EDUCATIONAL ASSISTANCE PROGRAM

____Semester, A.Y. ____-

To be filled up by the applicant in duplicate		C. Admin Employee Faculty	heck I.D. No.	
Date		Dept/Coll		
THE DIRECTOR OF THE GRANTS OFFICE UST Research & Endowment Foundation Inc.		No. T.Load Yrs. of Service		
I wish to apply for educational	assistance of the student	whose name appears	below,	
Name of Student	Student No.	Year/Course	Relationship	
Thank you,				
Very truly yours,				
Signature over printed name	<u>.</u>	Position/C	College or Department	
To be filled up by the Account	ing Department Dis	scount (%)		
Total Fees	₱	B Tuition	reakdown of Fees:	
100011000	-	RLE		
Total Educational Assistance	₱	Major Minor		
Balance to be deducted from salary ₱		PE		
			ges -	
		To	otal =	
Prepared by:	Checked by:	Approved by:	Approved by:	
Student Accounts Assistant	Supervisor, SAS	REFI D	REFI Director	
	AUTHORITY TO D	EDUCT		
To: Vice-Rector for Finance University of Santo Tomas				
I hereby authorize the University not covered by educational assurappears above in accordance w	istance amounting to ₱	of t	he student whose name	
I further authorize UST to ded cessation of my employment.	uct any of my outstandin	g obligation from the	e amount due me upon	
		Signatu	ure over printed name	

ACCOUNTING COPY UST:F004-04-F006