

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

**RECEIPT OF FUNDING**

**Received from \_\_\_\_\_  
the check in the amount of \_\_\_\_\_ dollars for the Undergraduate Tuition Fee  
Scholarship. The amount will cover the tuition fee of \_\_\_\_\_ ( number) of scholars for  
the school year \_\_\_\_\_.**

**The acknowledgement receipt of funding completed by the recipients is signed  
separately.**

**Received by: \_\_\_\_\_  
Print name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**/atc  
4/2/02**