



Central Philippine University
Iloilo City, Philippines
HUMAN RESOURCE AND DEVELOPMENT OFFICE

Date of Application: _____

REQUEST FOR AVAILMENT OF EDUCATIONAL FINANCIAL AID

I. EMPLOYEE INFORMATION

Name: _____ Dept./Unit: _____ Position: _____
Date Hired: _____ Years in Service: _____ Contact No. _____

Employment Status:

Please check: Probationary Part-Time with Benefits
 Regular

II. BENEFICIARY/DEPENDENT INFORMATION

Name: _____ Age: _____ Date of Birth: _____

What is your relationship with the beneficiary/dependent?: _____

If relationship is not established, state the nature of dependency: _____

Academic Level: Kindergarten Elementary Junior High School
 Senior High School College _____
(Course and Year)

III. PREVIOUSLY GRANTED BENEFICIARY/IES

NAME	AGE	ACADEMIC LEVEL	INCLUSIVE YEAR/S	STATUS

I hereby certify that the above information is true and correct to the best of my knowledge.

(Signature over Printed Name)

For Human Resource and Development Office Use Only:

Classification of Grant	School Years of Availment									
<i>Free Tuition & 25% Free Misc.</i>										
<i>Free Tuition</i>										
<i>1/2 Free Tuition</i>										
<i>2/3 Free Tuition</i>										
<i>1/3 Free Tuition</i>										
<i>2/3 of 1/2 Free Tuition</i>										
<i>1/3 of 1/2 Free Tuition</i>										

Remarks: _____

Verified by: _____
HRD Personnel Assistant

Endorsed by: _____
HRD Director

Approved by: ERNEST HOWARD B. DAGOHYO, DMin
University President

***Note: Submission of application shall be accepted for processing up to the last day of enrolment of the term being applied for.**