

ORTA DONATION PROGRAM FORM

I, who herein provide my signature with the details as follows,

Full Name :
Sex :
Place, Date of Birth :
Address (as per ID Card) :
No. HP :
E-mail :

declare my agreement to become the ORTA for student candidates or active students at Atma Jaya Catholic University of Indonesia, whose funds will be managed by the Scholarship Office of Unika Atma Jaya.

The amount of donation (please select one):

- ☐ Rp 250.000
- ☐ As billed by the Scholarship Office (particularly for full payment per semester)
- ☐ Others, Rp

To be given (please select one) :

- ☐ Every month
- ☐ Every semester
- ☐ Others,

The donation can be given via (please select one):

- ☐ Direct transfer to Bank Mandiri account o.b.o ATMAJAYA No. 1020012288897 with the subject "DonasiORTA"
- ☐ Direct transfer to Bank Mandiri account o.b.o ATMAJAYA No. 1020012288897 with the subject "ORTA Scholarship for (name & Student NIM)*", after the issuance of invoice by the Scholarship Office as per my initial agreement.

*If the ORTA has already selected the candidate of ORTA Donation scholarship recipient, he or she can directly fill out the name and the student NIM.

Or you scan the QRIS below:



The transfer receipt of donation can be sent to the e-mail mitra.beasiswa@atmajaya.ac.id with the subject **ORTA Donation**.

The donation that I give will be managed entirely by the UAJ Scholarship Office to (please select):

- ☐ 1) fund the tuition fee, defense fee, thesis fee
- ☐ 2) fund the study supporting fee (allowance, living cost, quota)
- ☐ Given to the ScholarshiP Office for point 1) and/or 2)
- ☐ Others, (mention)_____

I hereby declare that this letter is made consciously, without any coercion from any party and with the basis of care for others, to be used as it should be..

Jakarta, ____, _____ 20

Duty Stamp Rp.10.000,-

(_____)
Name & Signature