



CHARLES ENSLEY EDUCATIONAL AND SCHOLARSHIP FUND CLAIM FORM

For Office Use Only
Eligibility check _____

Member's Last Name:		First Name:		Mid. Int.	Social Security No.	
Home Address:			Apt No.:	City:		State: Zip Code:
Payroll Title:	Department :	Work Locations:		Office Phone:	Home Phone:	

Educational Level (Circle) College: 1yr 2yrs 3yrs 4yrs BA BS Other _____ High School Grad. or Equiv. or Yr. Completed 4, 5, 6, 7, 8, 9, 10, 11

A. COMPLETE THIS SECTION FOR TUITION REIMBURSEMENT (Check Applicable Benefit).

College Degree Course	() Specialized Course	() Vocational / Technical Course
() BA	() Computer Course	() Prep. Course for Certification Exam
() BS	() Conversational Language Course	() Course for Non-High School Grad.
() AA	() Computer Seminar	() Other Educational Benefit

NAME OF COURSE(S)	COURSE NO.	NO. CREDITS	NAME OF COURSE(S)	COURSE NO.	NO. CREDITS

Name & Address of College, University or School in which you enrolled:	Check Applicable Term:	
	() Fall 20 _____	() Spring 20 _____
Course Division or Department:	() Winter 20 _____	() Summer 20 _____

Date Term Started ____/____/____ Mo. Day Yr.	Date Term Ended ____/____/____ Mo. Day Yr.	Total Tuition \$ _____	Total Tuition Paid By You \$ _____
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Did you, or will you receive part or full scholarship, TAP, CAP, BEOG or other Tuition Assistance : Yes No How Much? \$ _____

1. ATTACH ORIGINAL PROOF OF PAYMENT: the bursar's receipt, cancelled check or statement from the institution of learning indicating the tuition which has been paid.
2. ALSO ATTACH DOCUMENTATION VERIFYING YOUR ENROLLMENT, DATED AT LEAST 5 WEEKS FROM START OF CLASS, LISTING THE COURSE(S) IN, WHICH YOU HAVE ENROLLED, AND INDICATING THAT YOU HAVE ATTENDED THE LISTED COURSE(S).

B. COMPLETE THIS SECTION FOR REGISTRATION FEES FOR JOB-RELATED CONFERENCES.

Title of Job - Related Conference:	Sponsoring Organization :
Date Started ____/____/____ Mo. Day Yr.	Date Ended ____/____/____ Mo. Day Yr.
Registration Fee Paid \$ _____	

C. COMPLETE THIS SECTION FOR MEMBERSHIP FEES FOR JOB-RELATED PROFESSIONAL ORGANIZATIONS.

Date Started ____/____/____ Mo. Day Yr.	Date Ended ____/____/____ Mo. Day Yr.	Name of Professional Organization :	Fee Paid: \$ _____
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I certify that the information given is correct and authorize release of any information necessary to process this claim.	Signature of Applicant:	Date:
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