



SOMERSET EDUCATION FOUNDATION SCHOLARSHIP CLAIM FORM

Instructions: Please fill out the form below and attach proof of registration and acceptance at the college or university. This request will be processed, enrollment verified and check cut within 10 days.

Either drop off the form at the Somerset ISD Education Foundation office, Somerset ISD Central Office, B Wing, Room #21 Attn: Susie Pool or mail to:

Susie Pool
Somerset ISD Education Foundation
PO Box 34
Somerset, TX 78069

Date: _____

NAME: _____ PH. # _____

ADDRESS: _____

PAYMENT INSTRUCTIONS: _____ Mail Check to Home Address
_____ Pick up check at SISDEF Office

COLLEGE/UNIVERSITY

Name: _____

Address: _____

Telephone number for Admissions Dept. _____

Attach Proof of Registration (Copy of invoice, bill, proof of enrollment or similar documentation)

Hours Taken: _____

Major: _____

**CONGRATULATIONS ON YOUR SCHOLARSHIP AND WE WISH YOU WELL
IN YOUR EDUCATIONAL GOALS. GOOD LUCK!**