

Salem Educational Foundation & Alumni Association

Scholarship Payment Option B

Student's name _____

SSN ____-__-__

Amount of Scholarship _____

Complete the form below and mail it to:

James A. Robertson, Treasurer
SEF & AA
P. O. Box 1461
Salem, VA 24153

**Forms received by September 30 will be paid in the 1st semester.
Forms received after September 30 will be paid after January 1 next.**

If this is a four year scholarship please make copies of this form to submit in the following years.

*****You must attach paid invoice(s) for educational expenses for amounts equal to or exceeding the amount of the scholarship. Forms received without invoices will be ignored until invoices are received.**

Name and address of person to be reimbursed for student's educational expenses with scholarship money:

Signature of scholarship recipient _____ Date

Signature of parent or guardian _____ Date