



SECURITY BENEFIT FUND
APPLICATION FOR SCHOLARSHIP BENEFIT
[Please see reverse side for important application information]

Book Number: _____

Name: _____

_____ Home Telephone

_____ Mobile

_____ E-mail

Single or Married or Married, but withhold at higher single rate

Number of allowances you are claiming: _____

Additional amount, if any, you want withheld: \$ _____

New York City Resident: Yes or No

Claim is for:

Member Spouse Dependent

Dependent's Name: _____ Age: _____

[Legal dependent only]

Amount Requested: \$ _____ (Not to exceed account balance)

I hereby certify that I have read all the information which is listed on the back of this application. I fully understand the rules and regulations of the Security Benefit Fund Scholarship Benefit. I am aware I have 30 days from the date of the disbursement to submit the proof of payment documentation.

SIGNATURE _____ DATE _____

Security Benefit Fund Scholarship Benefit

- All information on this application must be completed.
- Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary Change of Address form.
- This benefit is taxable and will be reported on Form W-2 at the year end.
- You must submit an itemized invoice, which includes the students name, the semester dates, itemization of charges and the school's name and address.
- You are responsible to pay the accredited educational institution yourself and will be reimbursed from the Fund. You must include proof of your payment (cancelled check, bank statement, credit card statement, etc.).
- In hardship cases, the Trustees will allow you to receive the funds to pay the tuition and show the proof of payment (cancelled check, bank statement, credit card statement, etc.) retroactively. **You have 30 days from the date of the SBF disbursement to submit the proof of payment documentation.**
- If your application includes an off-campus college housing claim please include proof of attendance, copy of lease, proof of rent payment, and an on-campus room fee schedule. Reimbursement can only be up to the on-campus fee amount.
- **Failure to submit proof of payment within the 30 days will cause your Scholarship Benefit Application to be deemed fraudulent. In accordance with the rules and regulations of the Security Benefit Fund, the following will occur:**
 1. **Your Security Benefit Fund will be restrained (“frozen”).**
 2. **You will be suspended from applying for any benefits for any “occurrences, episodes, or events” transpiring prior to or during a six month period.**
 3. **Your account balance will be automatically charged an administrative fee of \$500.**