



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

- All information on this application must be completed.
- The Scholarship Benefit is available for you, your spouse, children, and dependents, who are enrolled in a full or part-time program at an accredited university, college, technical institute, junior college, nursing school, medical school, dental school, law school, or any similar educational institution as determined by the Trustees. Any claim filed for someone other than a spouse or child must be listed as a dependent in the Welfare Fund to be eligible for this benefit.
- You must complete an application and submit all requested documentation. Covered expenses include tuition, room and board, off-campus housing, books, laptop computers, and other appropriate supplies.
- This benefit is subject to all Federal, State, City, and FICA taxes and will be reported on Form W-2 at year-end.
- If you wish to adjust your tax withholding, please complete forms W-4 (Employee's Withholding Certificate) and IT-2104 (New York State Employee's Withholding Certificate). Once the tax forms are received, we will use your withholding elections for all taxable disbursements from the Security Benefit Fund.
- Please see the back of the application for the required documentation.

Book Number: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ Home Telephone

\_\_\_\_\_ Mobile

\_\_\_\_\_ E-mail

Claim is for:

Member       Spouse       Dependent

Dependent's Name: \_\_\_\_\_

Age: \_\_\_\_\_

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

- 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.
- The Security Benefit Fund is NOT permitted to reimburse any cost covered by a student loan of any type. If the information that you have submitted indicates that a loan is in force, we will deduct the loan amount from the total amount due and issue a benefit reimbursement to you for the difference.
- 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.