



TOTEM Association of Educational Support Personnel, Inc.  
3310 Arctic Blvd., Suite 200  
Anchorage, AK 99524-0547

**Request for Scholarship Payment**

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

Make check payable: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

List below the item(s) for which payment or reimbursement is being requested. Attach receipts or bills.  
Be sure your description is complete.

---

Do Not Write Below                      For TOTEM Use Only

---

Approved by: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Budget Account: \_\_\_\_\_