



TOTEM Association of Educational Support Personnel, Inc.

3310 Arctic Blvd, Suite 200

Anchorage, AK 99503

(907) 562-1183

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 school schedules, receipts, and bills, making sure the dates of the class(es) and your student ID is included. Please note that for the \$500 member and the \$1000 member dependent scholarships, checks will be written to the school directly.

For Treasurer's Use Only

Approved by _____

Amount of Check \$ _____

Check Number _____

Date of Issue _____

Budget Account _____