



## Syracuse Claims Association Educational Disbursement Application

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

Address: \_\_\_\_\_

City-State-Zip Code: \_\_\_\_\_

Name of School/College/educational/Vocational Institution:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

### TO COMPLETE THIS APPLICATION, THE FOLLOWING IS REQUIRED

1. Copy of paid tuition receipt.
2. Two (2) years consecutive calendar membership in the Syracuse Claims Association.  
(Eligibility after two complete years or in the third year of membership)
3. Completed application must be received by October 1st Mail to:  
Syracuse Claims Association  
P.O. Box 2552  
Syracuse, New York 13220  
or present to an Officer or Board Member.
4. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED BY THE BOARD.
5. All eligible applicants will receive educational disbursements at the November meeting of the Association. Student attendance is not required.

### Membership Validation

I, \_\_\_\_\_, certify that \_\_\_\_\_  
has been a dues paid member in good standing for two complete consecutive years with the  
Syracuse Claims Association.

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

Officer Signature: \_\_\_\_\_