



CHARLES ENSLEY EDUCATIONAL FUND CLAIM FORM

For Office Use Only
Eligibility check _____

Member's Last Name:		First Name:		Mid. Int.	Social Security No.	
Home Address:			Apt No.:	City:	State:	Zip Code:
Payroll Title:	Department :	Work Location:		Office Phone:	Home Phone:	

SUPERVISOR IN FIELD INSTRUCTION (SIFI)

COMPLETE THIS SECTION FOR SOCIAL SERVICE EMPLOYEES UNION LOCAL 371 STUDENT

STUDENT LAST NAME	STUDENT FIRST NAME	LAST 4 Digits SS#
1.		
2.		
3.		

1. ATTACH PROOF OF SUPERVISION IN FIELD INSTRUCTION CERTIFICATE.
2. ATTACH COPY OF STUDENT(S) FIELD PLACEMENT LETTER.

Check Applicable Term Fall 20 _____ Spring 20 _____	Date Started _____ Mo. Day Yr.	Date Ended _____ Mo. Day Yr.
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I certify that the information given is correct and authorize release of any information necessary to process this claim. Signature of Applicant: _____ Date _____	Office Use Only
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