Scholarship Claim Form



Fall Semester – Due by October 31st Spring Semester – Due by March 15th

Please complete this form and *include proof of enrollment* to:

American Association of University Women, Tyler Branch Scholarship Committee PO Box 7171 Tyler TX 75711

| Student Name: | |
|----------------------|--|
| Address: | |
| City/State/Zip: | |
| Home phone: | |
| Cell phone: | |
| Email Address: | |
| | |
| Student College ID#: | |
| Name of Institution: | |
| Attention to: | |
| Mailing Address: | |
| City/State/Zip: | |