



# DISTRICT COUNCIL 37 EDUCATION FUND

125 Barclay Street, New York, NY 10007-2179  
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## FINANCIAL AID STATEMENT TO BE FILLED OUT BY COLLEGE

**PLEASE SELECT TERM:** FALL 20 \_\_\_ WINTER 20 \_\_\_ SPRING 20 \_\_\_ SUMMER 20 \_\_\_

In order to be eligible to receive reimbursement under the Tuition Refund Program, I understand that it is my obligation to provide proof from my school that I did not apply or receive any other financial aid for which I may be eligible.

I hereby grant permission to District Council 37 Education Fund to verify information from the college or other institutions providing aid.

Name \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

I hereby declare that the student is not eligible, nor will he/she be eligible, to receive other aid for this term except as indicated below:

TAP	\$ _____
PELL	\$ _____
S.E.O.G.	\$ _____
TUITION WAIVER	\$ _____
VETERAN	\$ _____
AGENCY AID	\$ _____
A.P.T.S.	\$ _____
OTHER (SPECIFY)	\$ _____

I affirm that the above information is true and I understand that this statement will be accepted for all purposes as the equivalent of an affidavit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

ADMINISTRATOR: STEPHEN JOHNSON

Established by District Council 37, American Federation of State, County & Municipal Employees, AFL-CIO