



**SAMSON EDUCATION TRUST FUND**  
**Student Benefits Program Application Form**

For the Academic Year: \_\_\_\_\_

**STUDENT INFORMATION**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Band No: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

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**REQUEST**

Name of School: \_\_\_\_\_

Nature of Request: \_\_\_\_\_

Itinerary Included: \_\_\_\_ Yes \_\_\_\_ No

Note: All documentation must be provided for consideration of funding.

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**PARENT / LEGAL GUARDIAN INFORMATION**

Full Name: \_\_\_\_\_

Band No: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_

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**SETF requires the following to accompany this application:**

\_\_\_\_\_ Letter of Request

\_\_\_\_\_ Itinerary

\_\_\_\_\_ Authorization For Release of Information

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied

Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
SETF Coordinator's Signature

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

**Samson Education Trust Fund  
Students Benefits Program  
Authorization for Release of Information**

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_  
(name of school or institution) to release to the Samson Education Trust Fund Student Benefits Program whatever information they may require concerning me. This information, which the Samson Education Trust Fund Student Benefits Program is authorized to obtain, includes but is not limited to the following:

1. Details as to my course of study including specific courses being taken and class schedule.
2. Copies of any notices, advice or direction regarding my ongoing status as a student including student attendance records.
3. Information pertaining to my application to the Samson Education Trust Fund Student Benefits Program.

I trust that this is an irrevocable consent, which the Samson Education Trust Fund may present from time to time. This consent may not be withdrawn from me for so long as I am receiving a student benefit from the Samson Education Trust Fund Student Benefits Program. I further understand that in the event I receive any funds from the Samson Education Trust Fund that I am not entitled to, I do hereby agree to reimburse in full said amounts. I hereby certify that all information in this application is true.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date