

# COSMOS IN THE CLASSROOM 2007

AUGUST 3-5, 2007

POMONA COLLEGE

## SCHOLARSHIP REIMBURSEMENT REQUEST

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS 1 \_\_\_\_\_

ADDRESS 2 \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

SCHOLARSHIP NUMBER \_\_\_\_\_

SCHOLARSHIP AWARD \$ \_\_\_\_\_

CONFERENCE FEES \$225

DORMITORY/MEALS \$216

OTHER  
(ITEMIZE AND ATTACH RECEIPTS)

TOTAL REIMBURSEMENT DUE \$ \_\_\_\_\_

ATTACH AN ADDITIONAL SHEET, IF NECESSARY, AND RETURN TO:

COSMOS SCHOLARSHIP REIMBURSEMENT  
ASP  
390 ASHTON AVENUE  
SAN FRANCISCO, CA 94112

QUESTIONS? MARILYN DELGADO – 415.337.1100 x 100