

Complete, sign, and date this report, and get it to the Marti Foundation, 1501-D N. Main St., Cleburne, Texas 76033, within thirty days after your semester ends. Also give us your grades for the report period.

Marti Foundation Student Semester Report

Name: _____

School attended (with city and state): _____

Report period (semester and year): _____

Level of degree anticipated (*i.e.*, bachelors): _____

Major: _____ Anticipated graduation date: _____

Total credit hours earned (including this report period): _____

Credit hours still needed for anticipated degree: _____

Amt. rec'd from the Marti Foundation for this report period: _____

Tell us how you spent the money you received from the Marti Foundation for this report period:

Non-taxable Uses	Amount
Tuition and fees required for courses	
Books, supplies, and equipment required for courses	
Other Uses	
Dorm or other housing rental	
School meal plan, other food	
Other:	
Total expenses paid from the Marti Foundation scholarship for the report period	

Has your or your family's ability to help you pay for your education changed significantly since your original application to the Marti Foundation? _____

If so, briefly describe what happened: _____

Please update your contact information for our files:

	Permanent Address	At School
Street (or box) address		
City, state, zip		
E-mail		
Phone numbers		

Signature: _____ Date: _____