



Scholarship Reimbursement / Extension Request Form

Please allow at least 7-10 business days for processing.

Graduate Information

Graduate Name: _____ Class/Cycle: _____
Last First

Current Address: _____
Street Address City, State Zip Code

Home Phone: _____ Cell: _____ E-mail: _____

School Information

Type: 4 Yr 2 Yr Vo-Tech Tech Degree Program: _____

School Name: _____

Point of Contact: _____ Phone: () _____

Mailing Address: _____
Street Address Suite #

_____ City State ZIP Code

Request Information

Statement of Student Account with amount due from school included? YES NO If yes, check will be mailed directly to the school POC listed above.

Receipt with paid amount included? YES NO If yes, please complete the mailing instructions below.

Check Payable to: _____ Phone: () _____
Full name of person to receive reimbursement

Mailing Address: _____
Street Address Suite #

_____ City State ZIP Code

I certify that the above information is true and correct:

Graduate Signature: _____ Date: _____
REQUIRED FOR REIMBURSEMENT REQUEST

FOR OFFICE USE ONLY			
Requested Amount:	\$ _____	Date Check Mailed: _____	Entered in Stats: _____ / _____ DMARS: _____ / _____
BALANCE REMAINING :	\$ _____		RC Notified <input type="checkbox"/>



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Scholarship Reimbursement/Extension Request Continued – Name of Requestor: _____

Extension Request Information

If you are unable to use your scholarship within one (1) year from your graduation date, do you wish to request an extension up to one (1) additional year for claiming your scholarship?

YES

NO

Estimated Date to be Used: _____

Reason for Extension Request *(please provide detailed information):*

I certify that the above information is true and correct:

Graduate Signature: _____ Date: _____
REQUIRED FOR EXTENSION REQUEST

FOR OFFICE USE ONLY			
Date Received :		REQUEST:	<div style="display: flex; justify-content: space-between;"> GRANTED DENIED </div>
Director Approval:		Date:	
TCI Approval:		Date:	