



IT Career Quest Scholarship Payment/Reimbursement Request

Name: _____ (Please Print your Full Name)
 Employee #: _____ Award Date: _____

NOTE: ALL Scholarships MUST BE USED by DECEMBER 20 of the year awarded. Submit this form and all documentation for each request

Payment to the School or Vendor	Reimbursement Check to be made out to you
<input type="checkbox"/> Check box and complete this section if payment goes to <u>School</u> or <u>Vendor</u>	<input type="checkbox"/> Check box and complete this section if a Reimbursement Check goes to <u>you</u>
Total Amount Requested: \$ _____ <div style="float: right; border: 1px solid black; padding: 2px; margin-left: 10px;"> Check if for Tuition Only ____ </div>	Total Amount Requested: \$ _____
Authorization for billing will be arranged directly with the School. Please provide Contact Information:	
Name of School: _____	Receipts total: \$ _____ (attach copy of all receipts) Receipts might include: tuition, fees, or books Reimbursement checks are <u>mailed</u> to your <u>home address, only</u>: Print your <u>home address</u> so I can verify it is in the system, correctly.
Contact Person: _____	
Address: _____	
Phone: _____	
Fax: _____	
E-Mail: _____	
Start/End dates of Course(s) being paid or reimbursed: _____ through _____	

I understand I am responsible for any costs over the amount of the Scholarship Award

Participant Authorization Signature: _____ <u>Your Student #</u> , for Payments to School: _____	Date: _____
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- Return Completed form with
- 1) a copy of your Award Letter
 - 2) Receipts or Invoice, and
 - 3) most Recent Grade Report (if available) to: