

**Education Scholarship Account (ESA)**

**4th Quarter Reimbursement Request Form**

**(Due in office on or before May 29, 2020)-Post Marked Dates Are Not Accepted**

**(Disbursement on June 26, 2020)**

ESA Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESA Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of current school\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please provide verification of the student’s current enrollment

Please enter reimbursement request amounts in the appropriate boxes below. All amounts must be supported by **ORIGINAL** receipts. (Please maintain a photocopy for your records.)

|  |  |
| --- | --- |
| **Eligible Expenses:** | **Reimbursement Request Amount** |
| (a) Tuition/fees from eligible school |  |
| (b) Textbooks |  |
| (c) Payment to a tutor **(Must include a copy of tutor’s license or certification.)** |  |
| (d) Payment for purchase of curriculum, including any supplemental materials required by the curriculum |  |
| (e) Transportation expense to/from a provider paid to fee-for-service transportation provider |  |
| (f) Tuition/fees for online learning programs or courses |  |
| (g) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university adm. |  |
| (h) Educational services or therapies from a licensed or certified practitioner or provider, paraprofessional, or educational aide **(Must include of copy of license or certification.)** |  |
| (i) Services provided by a public school, incl. individual classes/ extracurricular programs |  |
| (j) Tuition/fees at a postsecondary institution |  |
| (k) Textbooks related to coursework at a postsecondary institution |  |
| (l) Surety bond payments, **if** required by the Mississippi Department of Education (MDE) | **NOT CURRENTLY REQUIRED BY MDE** |
| (m) Consumable school supplies necessary for educational services therapy, daily classroom activities, and tutoring ($50 max. annually) |  |
| (n) Computer hardware/software/technological devices **if** an eligible school, licensed/certified provider, or licensed medical professional verifies **in writing** it is essential to meet annual, measurable goals **(Original signed copy of verification must be attached.)** |  |
| **Total Amount of Funds Requested from participant’s ESA:** | $\_,\_ \_ \_.\_ \_ |

**Amount to be paid directly to educational service provider: $ \_\_, \_\_ \_\_ \_\_. \_\_ \_\_**

*The following must match the information already provided when setting up account.*

Education Service Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Provider Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Educational Service Provider authorized representative), attest the above payment amount is for the actual amount charged for services provided by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Educational Service Provider) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ESA participating student’s name) during school year 2019-2020 as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Educational Service Provider Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (Required for Authorization) Date

**Amount to be reimbursed directly to parent/guardian: $ \_\_, \_\_ \_\_ \_\_. \_\_ \_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian), request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date