Office of Financial Aid

Request for Reimbursement 2023-2024



Application to request for reimbursement for school related expenses paid out of pocket by the student; or transfer of funds with scholarships or other funding sources.

STUDENT INFORMATION			
Student Name:		Student ID:	
Student Address:		Student Date of Birth:	
City, State, Zip:		Student Email:	
Student Phone:		Student Alternate Phone:	
REIMBURSEMENT REQUEST			
Please reimburse my out-of-pocket expenses for: Term: Amount:			
(Must submit a copy of original receipts)			
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RELEASE OF FUNDS REQUEST			
Please release funds to student from:			
Scholarship:	Term:	Amount:	
(Must provide us with a confirmation of release or a letter from foundation/donor)			
(1.2 dist provide distributed of recease of director from foundation, delical)			
TRANSFER OF FUNDS REQUEST			
Please transfer remaining balance(s) from non-Grayson scholarship(s) to another institution or return funds to foundation.			
Name of Institution, Foundation	or Donor: Stud	nt ID at new institution (if applicable):	
Attn:	L		
Address:	City	State, Zip:	
SIGNATURE			
By signing I understand: I must review the terms of my scholarship from the foundation/donor before I request the reimbursement. I may receive a reimbursement for out-of-pocket expenses for tuition, fees, books and supplies. I am required to submit original receipts for educational expenses. If I am requesting the remaining balance of non-Grayson scholarship(s) I must have my sponsor contact Grayson's Financial Aid Office with a release authorization. Request(s) for reimbursement may take 3-4 weeks to process.			
Student Printed Name:	Student Signatu	re:	Date:
	FINANCIAL AID OFF	CE USE ONLY	
Fund Code(s)			
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		□ Pay Bill □ Reimburse	Other
Notos		-	1
Notes:		FAO:	Date:

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299

Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908