



Serving the Greater Rochester Area Since 1991

Tuition/Scholarship Reimbursement Application

Before applying, please refer to the "FCDSN Reimbursement Program Policies"

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Reimbursement is requested for the following:

School/Workshop/Class Attended (attach documentation): _____

Declared Major/Minor (attach documentation): _____

Year of Study: Freshman Sophomore Junior Senior Graduate

G.P.A. (attach documentation): _____

Student Signature: _____ Parent/Guardian Signature: _____

Total reimbursement requested: \$ _____

Signature of person completing form: _____ Date: _____

Original receipts are required for disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit the completed & signed application with original receipts to:

FCDSN Reimbursement Programs, 2117 Buffalo Road #132, Rochester, NY, 14624

Do Not Write in Box Below

Member in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified by: _____
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied/Reason: _____	
Reply Mailed On: _____	Check # _____ Amount: \$ _____
Entered: <input type="checkbox"/> Date: _____	



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