

2018-19 AMERICORPS REIMBURSEMENT FORM

This form is required for all students who intend be reimbursed using their AmeriCorps Education Award Stipend.

Reimbursement requests can only be submitted and used toward the current 2018/19 academic year.

Any requests submitted intended for terms outside of the current academic school year will not be accepted or processed.

Please indicate the quarter in which you plan to enroll: _____ Student ID: _____

Summer Fall Winter Spring

Last Name: _____ First Name: _____ MI: _____

Address Number & Street: _____

City: _____ State: _____ Zip Code: _____

*Social Security #: _____ Date of Birth (MM/DD/YYYY): _____

Daytime Telephone Number: _____ Email: _____

Please itemize courses, mandatory books, and/or supplies related to the AmeriCorps Education Award to be processed as a reimbursement.

Reg #	Course Title and Number	Fee
	TOTAL	

I certify that all information on this form is true and correct to the best of my knowledge. I agree to receive any excess funds from the education award provided that I am still enrolled for the term, to be used for educational expenses that can be paid normally for tuition & fees, books, and supplies in the form of a reimbursement.

Signature: _____ Date: _____

**Please print and submit your Education Award Payment Request with this form.
Your AmeriCorps reimbursement cannot be processed without it.**

*By Regental authority, we request your social security number in order to verify your identity for accurate record keeping. Visit <http://unex.ucla.edu> for privacy policies concerning information requested on this form. Although providing your social security number is voluntary, it is requested for tax purposes, to provide evidence of fee payments that could entitle you to tax credits under TRA '97 (the Taxpayer Relief Act of 1997).

Return to: UCLA Extension Financial Aid Office, Attn: AmeriCorps Enrollment, 10995 Le Conte Avenue, Room 320, Los Angeles, CA 90024-1333. Fax: (310) 825-5686

Office use only:

Financial Aid Manager Approval: _____ Date: _____ Enrollment Processor: _____ Date: _____
 Signature and stamp required Invoice # _____