

Stipend Reimbursement Claim Form

Submit with receipts to:

MiAEYC
839 Centennial Way
Lansing, MI 48917
Fax: 517-351-0157 E-mail: teach@miaeyc.org

Recipient Information:

Recipient Name:
Address:

College:
Employer:

Scholarship Counselor:

Model:

Term: (Circle One) Fall Winter/Spring Summer **Year:** _____

Tuition and Fees:

Tuition/Fees Amount: \$ _____ **Paid by: (Circle One)** Recipient T.E.A.C.H. PELL

Course Titles:

Number of Credits:

_____	_____
_____	_____
_____	_____
_____	_____

For Office Use Only:

Total tuition: _____

Additional fees: _____

Total balance to school: _____

Total balance to recipient: _____