



**FLORIDA - PERSONALIZED EDUCATION PROGRAM (PEP)  
PARENT/GUARDIAN EXPENSE REIMBURSEMENT REQUEST FORM**

**(Payments are made only by ACH – Bank Name, Routing number and Account number are required)**

Complete this form and return it to AAA to request reimbursement for a purchase you made from a provider or vendor for eligible\* educational items or services for the eligible student. A copy of the paid receipt listing the items and/or services purchased must be included with this request.

\*Please refer to the FTC/FES-EO Agreed-Upon Purchasing Guidelines for information about eligible educational items and services: <https://www.aaascholarships.org/parents/florida/personalized-education-program-scholarship/>

Date:	Total Amount: \$
Parent/Guardian Name:	
Mailing Address:	
Bank Name:	
Bank Account Number:	Bank Routing Number:
Is this bank account different than the last one provided to us? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
List items/services Purchased ( <b>paid receipts MUST be attached to this form when it is submitted</b> ):	
Describe Educational Purpose:	
Name of Eligible Student Benefiting:	

I confirm that this purchase abides by the affirmations agreed to by me on the Sworn Compliance Statement when applying for the PEP scholarship and by the AAA Scholarship Foundation policies and procedures as stated in the FTC/FES-EO/PEP Handbook and understand that failure to comply could result in loss of the PEP scholarship and/or require the return of PEP funding to AAA Scholarship Foundation. I understand that AAA Scholarship Foundation reserves the right to deny my request if the purchased item or service is deemed ineligible, if the reimbursement request is inaccurate or incomplete, or if there is insufficient funds available in the student's PEP scholarship account.

Parent/Guardian(s) Signature: \_\_\_\_\_

**\*\*\*\*PROOF OF PAYMENT RECEIPTS MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR REIMBURSEMENT\*\*\*\***

**FOR ACCOUNTING USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPENSE ACCOUNT: \_\_\_\_\_ CLASS: \_\_\_\_\_

ENTERED INTO PAYMENT SYSTEM BY/DATE: \_\_\_\_\_

PO Box 15719, Tampa, FL 33684-5719 • 1-888-707-2465 • [cs6@aaascholarships.org](mailto:cs6@aaascholarships.org)