



MISSOURI DEPARTMENT OF HIGHER EDUCATION
3515 AMAZONAS DRIVE, JEFFERSON CITY, MISSOURI 65109
A+ SCHOOLS PROGRAM
REQUEST FOR A+ TUITION REIMBURSEMENT – BUDGET

(Refer to the Missouri School Directory)

COLLEGE CODE OR CO/DIST CODE

____ _ -- ____ _

FOR DEPARTMENT USE ONLY

APPROVED BY:

DATE APPROVED

A. PROJECT INFORMATION

COLLEGE /VO-TECH SCHOOL DISTRICT

COLLEGE/ VO-TECH SCHOOL NAME

ADDRESS, CITY, STATE, ZIP CODE:

CONTACT PERSON AND TELEPHONE NUMBER:

FISCAL YEAR JUNE 30 ____

PLEASE CHECK ONE OF THE FOLLOWING AND INSERT THE YEAR IN THE APPROPRIATE BLANK

SEMESTER

☐ Summer (Year) ____

☐ Fall (Year) ____

☐ Spring (Year) ____

Certification:

I hereby certify that the information reported herein is correct to the best of our knowledge and belief
Date: ____

CHIEF ADMINISTRATOR'S SIGNATURE

B. PROJECT FINANCIAL DATA

Tuition	Fees	PELL/ SEOG	ACG	Restricted Scholarships	Balance	Comment
Total Number of Students: ____			Balance: \$ ____ (-) [minus] Corrections \$ ____ = GRAND TOTAL: ____			