Office of Financial Aid

Request for Reimbursement 2024-2025



Application to request for reimbursement for school related expenses paid out of pocket by the student; or transfer of funds with scholarships or other funding sources.

STUDENT INFORMATION						
Student Name:		S	Student ID:			
Student Address:		S	Student Date of Birth:			
City, State, Zip:			Student Email:			
Student Phone:		S	Student Alternate Phone:			
REIMBURSEMENT REQUEST						
Please reimburse my out-of-pocket expenses for: Term: Amount: (Must submit a copy of original receipts)						
RELEASE OF FUNDS REQUEST						
Please release funds to student from: Scholarship: Term: Amount: (Must provide us with a confirmation of release or a letter from foundation/donor)						
TRANSFER OF FUNDS REQUEST						
Please transfer remaining balance(s) from non-Grayson scholarship(s) to another institution or return funds to foundation.						
Name of Institution, Foundation or Donor: Studen			nt ID at new institution (if applicable):			
Attn:						
Address: City, St			tate, Zip:			
SIGNATURE						
 By signing I understand: I must review the terms of my scholarship from the foundation/donor before I request the reimbursement. I may receive a reimbursement for out-of-pocket expenses for tuition, fees, books and supplies. I am required to submit original receipts for educational expenses. If I am requesting the remaining balance of non-Grayson scholarship(s) I must have my sponsor contact Grayson's Financial Aid Office with a release authorization. Request(s) for reimbursement may take 3-4 weeks to process. 						
Student Printed Name: Student Signature:					Date:	
FINANCIAL AID OFFICE USE ONLY						
Fund Code(s) Amount Action						
runu Couc(s)	Amount		□Pay Bill	Reimburse	Other	
			□Pay Bill	Reimburse	Other	
Notes:		FAC			Date:	

Send forms to: Grayson College Financial Aid Office • 6101 Grayson Drive, Denison, TX 75020-8299

Email forms to: financialaid@grayson.edu • Fax forms to: 903.463.3908