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T.E.A.C.H. Early Childhood® ARKANSAS Tuition and Book Reimbursement Claim Form (Form B)

Recipient information		College			
	_	College: Employer: Counselor:			
ADDRESS: CITY/ZIP:					
Submit all term claims within 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.					
School Term Attended: (check one)	□ Spring	Summer	Year: _		
uition or Allowable Fee	Complete this section if you already p				I tuition and need
Tuition/Fees Amount: \$				imbursement for	
Tuition paid by: check one		technology or an allowable fee (testing, graduation, etc.).			
Recipient/Scholar	Child Ca	re Employer			
Itemize below what you are red	nbursement for:			Amount:	
Books					mitted. Method of
Tuition Books Amount: \$		payment on red will reimburse s			checked below. We
Books paid by: check one		Win Formburge e			
Recipient/Scholar		PELL Gr	ant	Employer	
Book Title:					Price:

To claim reimbursement, complete the books section and attach receipts showing the book title and price. When complete, you can scan and email form and receipts to teach@arkansasearlychildhood.org. Or mail to:

T.E.A.C.H. Early Childhood ARKANSAS Arkansas Early Childhood Association P.O. Box 4291 Fayetteville, AR 72702