



ARKANSAS

A Program of Arkansas Early Childhood Association

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

**FORM MUST INCLUDE RECEIPTS.**

### Recipient information

NAME: \_\_\_\_\_ College: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ Employer: \_\_\_\_\_  
 CITY/ZIP: \_\_\_\_\_ Counselor: \_\_\_\_\_

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:  Fall  Spring  Summer Year: \_\_\_\_\_  
 (check one)

### Tuition or Allowable Fee

Complete this section if you already paid tuition and need reimbursement OR you are requesting reimbursement for technology or an allowable fee (testing, graduation, etc.).

Tuition/Fees Amount: \$ \_\_\_\_\_

Tuition paid by: check one  
 Recipient/Scholar  Child Care Employer

Itemize below what you are requesting reimbursement for: Amount:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Books

Receipt showing title & price must be submitted. Method of payment on receipt must match what is checked below. We will reimburse shipping & tax if listed on the receipt.

Tuition Books Amount: \$ \_\_\_\_\_

Books paid by: check one

Recipient/Scholar  T.E.A.C.H.  PELL Grant  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](mailto: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