DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
A+ SCHOOLS PROGRAM
REQUEST FOR A+ TUITION REIMBURSEMENT – BUDGET

Formerly FV-4

(Refer to the Missouri School Directory)

COLLEGE CODE OR CO/DIST CODE
000-000

FOR DEPARTMENT USE ONLY

APPROVED BY:	**DATE APPROVED**

A. PROJECT INFORMATION

COLLEGE /VO-TECH SCHOOL DISTRICT	COLLEGE/ VO-TECH SCHOOL NAME ABC Vo-Tech School

ADDRESS, CITY, STATE, ZIP CODE:
134 VO-TECH STREET, VO-TECH MO 55555

CONTACT PERSON AND TELEPHONE NUMBER: JANE DOE 555-555-5555	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) _____ X Full Year Program _Jul-00 thru June-01__

Certification: I hereby certify that the information reported herein is correct to the best of our knowledge and belief Date: _____	CHIEF ADMINISTRATOR'S SIGNATURE

SAMPLE

B. PROJECT FINANCIAL DATA

Student Name	SSN	School District Student Graduate From	Credit Hours/Clock Hours	Program/ Study	Tuition	Fees	Books	PELL/ SEOG	Refund	A+ Balance	Last Semester of Certificate/ Degree
Jane Doe	000-00-0000	ABC High School	1500	LPN	3400	200	400	$250		3750	Articulating to RN
Jake Doe	000-01-0001	XYZ High School	1500	Auto Collison	2500	200	400	P		3100	X
Jan Doe	000-09-0002	ABC High School	1500	Radiology I	*3500	30	500			4030	
Total Number of Students:					Total: 9400	Total: 430	Total: 1300	Total: (250)	Total:		

P – PELL Unknown
*The remaining 5% of the program will be paid in FY ____

GRAND TOTAL : $_____10,880_____