Request for Reimbursement
Children of Veterans Tuition Grant Program

Issued under authority of Public Act 248 of 2005. Filing is mandatory for funding.

INSTRUCTIONS: Institutions may submit this form only after the end of the semester/term refund period. The Michigan Department of Treasury, Office of Scholarships and Grants (OSG), reserves the right to make changes based on eligibility and to deny payment based on funding. Maximum academic year billing amounts are $2,800 for full-time, $2,100 for three-quarter time, and $1,400 for half-time enrollment. If you have questions, call 1-888-4-GRANTS (1-888-447-2687), ext. 3-7120.

Submit completed form to: Office of Scholarships and Grants, Michigan Department of Treasury, P.O. Box 30462, Lansing, MI 48909-7962, or fax to (517) 241-5835.

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1. Name and Address of Institution

2. Billing Period (check one)*

Billing Cycles		Deadline	
☐	1st Quarter	Nov. 1	
☐	2nd Quarter	Feb. 15	
☐	3rd Quarter	May 1	
☐	4th Quarter	Aug. 1	**(final fiscal year payment)**

* See OSG Payment Schedule for payment dates.

3. Semester/Term for Which Reimbursement is Requested

4. Academic Year for Which Reimbursement is Requested

5. Total Number of Students (from page 2, Column A)

6. Tuition and Mandatory Fees Invoice Total (from page 2, Column D)

CERTIFICATION

I certify that the detailed listing of students provided on page 2 are charged to the Children of Veterans Tuition Grant Program (as summarized above) and all institutional policies and procedures and guidelines provided by the Department of Treasury for this program have been followed in determining these charges. **I understand that charges over and above the limits set by the program are the responsibility of the student.**

Authorized Signature	Title

Date	E-mail Address	Telephone Number

Institution Name

A. NAME (LAST, FIRST)	B. SOCIAL SECURITY NUMBER	C. STATUS (check one) F=full time, T=¾ time, or H=½ time	D. AMOUNT BILLING FOR ELIGIBLE TUITION (N0 FEES)	E. CUMULATIVE GPA 2.25 OR ABOVE
1.		☐ F ☐ T ☐ H		☐ Yes ☐ No
2.		☐ F ☐ T ☐ H		☐ Yes ☐ No
3.		☐ F ☐ T ☐ H		☐ Yes ☐ No
4.		☐ F ☐ T ☐ H		☐ Yes ☐ No
5.		☐ F ☐ T ☐ H		☐ Yes ☐ No
6.		☐ F ☐ T ☐ H		☐ Yes ☐ No
7.		☐ F ☐ T ☐ H		☐ Yes ☐ No
8.		☐ F ☐ T ☐ H		☐ Yes ☐ No
9.		☐ F ☐ T ☐ H		☐ Yes ☐ No
10.		☐ F ☐ T ☐ H		☐ Yes ☐ No
11.		☐ F ☐ T ☐ H		☐ Yes ☐ No
12.		☐ F ☐ T ☐ H		☐ Yes ☐ No
13.		☐ F ☐ T ☐ H		☐ Yes ☐ No
14.		☐ F ☐ T ☐ H		☐ Yes ☐ No
15.		☐ F ☐ T ☐ H		☐ Yes ☐ No
16.		☐ F ☐ T ☐ H		☐ Yes ☐ No
17.		☐ F ☐ T ☐ H		☐ Yes ☐ No
18.		☐ F ☐ T ☐ H		☐ Yes ☐ No
19.		☐ F ☐ T ☐ H		☐ Yes ☐ No
20.		☐ F ☐ T ☐ H		☐ Yes ☐ No
21.		☐ F ☐ T ☐ H		☐ Yes ☐ No
22.		☐ F ☐ T ☐ H		☐ Yes ☐ No
23.		☐ F ☐ T ☐ H		☐ Yes ☐ No
24.		☐ F ☐ T ☐ H		☐ Yes ☐ No
25.		☐ F ☐ T ☐ H		☐ Yes ☐ No
26.		☐ F ☐ T ☐ H		☐ Yes ☐ No
27.		☐ F ☐ T ☐ H		☐ Yes ☐ No
28.		☐ F ☐ T ☐ H		☐ Yes ☐ No
29.		☐ F ☐ T ☐ H		☐ Yes ☐ No
30.		☐ F ☐ T ☐ H		☐ Yes ☐ No
Total. Carry total from Column D to line 6, page 1………………………….				