



FLOWER CITY  
DOWN SYNDROME NETWORK

*Serving the Greater Rochester Area Since 1991*

## Tuition/Scholarship Reimbursement Application

*Before applying, please refer to the "FCDSN Reimbursement Program Policies"*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### Reimbursement is requested for the following:

School/Workshop/Class Attended (attach documentation): \_\_\_\_\_

Declared Major/Minor (attach documentation): \_\_\_\_\_

Year of Study:  Freshman  Sophomore  Junior  Senior  Graduate

G.P.A. (attach documentation): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Total reimbursement requested: \$ \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Original receipts are required for disbursement of funds. Keep a copy of your receipts and this submission for your own records. Submit the completed & signed application with original receipts to:

FCDSN Reimbursement Programs, 2117 Buffalo Road #132, Rochester, NY, 14624

**Do Not Write in Box Below**

Member in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified by: _____
Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied/Reason: _____	
Reply Mailed On: _____	Check # _____ Amount: \$ _____
Entered: <input type="checkbox"/> Date: _____	



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