



Educational Benefit Form

Student Name: _____

Student ID: _____

Item for which reimbursement is requested (the item you purchased or plan to purchase):

What is the Educational Benefit of this item?

☐ I affirm scholarship program funds are used only for authorized purposes as described in ss. 1002.394(4) or 1002.395(6), F.S., as applicable, and serve the listed student's educational needs.

Parent Name: _____

Parent Signature: _____

PLEASE NOTE: Any violation of the FES/FTC scholarship statutes, rules, policies, or procedures may result in the loss of the scholarship, ineligibility for future scholarships, or financial or criminal penalties. Please see the Parent Handbooks for [FES-UA](#) or [FES-EO/FTC/PEP](#).