



# Scholarship Refund Request Form

Student Financial Services Joyal Administration Building, Rm. 181  
5150 N. Maple Ave., JA58 Fresno, Ca 93740  
(559) 278-2876

Name \_\_\_\_\_  
Last First Maiden or Middle

ID # \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street

Phone \_\_\_\_\_  
Include Area Code

\_\_\_\_\_  
City, State, Zip Code

Amount Requested \$ \_\_\_\_\_

I hereby request a refund of scholarship funds credited to my student account. I understand that this request may take up to three weeks to process before funds are issued to me. Further, I understand that I may have to provide specific documentation to meet donor requirements before this request is approved.

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Scholarship Office Use Only

Refund Approved \_\_\_\_\_  
Yes / No Approved by \_\_\_\_\_ Date \_\_\_\_\_

### Accounting Office Use Only

Payment Date: \_\_\_\_\_

#### APPROVALS

Registration Fees/Tuition Paid: \$ \_\_\_\_\_ 1. Staff Originator \_\_\_\_\_ Date: \_\_\_\_\_

Third Party Payments: \$ \_\_\_\_\_ 2. Processed By \_\_\_\_\_ Date: \_\_\_\_\_

Waivers: \$ \_\_\_\_\_ 3. Approved By \_\_\_\_\_ Date: \_\_\_\_\_

**Total Credits** \$ \_\_\_\_\_ 4. Disbursed By \_\_\_\_\_ Date: \_\_\_\_\_

Less Registration Fees/Tuition \$ \_\_\_\_\_

Less Processing Fees: \$ \_\_\_\_\_

**Refund Check Number** \_\_\_\_\_

Less Other \_\_\_\_\_ \$ \_\_\_\_\_

**Refund Check Date** \_\_\_\_\_

**Amount Refunded to Student:** \$ \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_