



# Regional Training Grant SCHOLARSHIP REIMBURSEMENT REQUEST FORM

Region/Provider Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Student Last Name(s): \_\_\_\_\_

PID Number(s): \_\_\_\_\_

Name of Training: \_\_\_\_\_

### STUDENT SCHOLARSHIP COSTS

Training Date(s): \_\_\_\_\_  
Training Location: \_\_\_\_\_  
Registration Fee (each): \$ \_\_\_\_\_ x \_\_\_\_\_  
**Total Tuition/Registration: \$ \_\_\_\_\_**

Number of Miles Traveled: \_\_\_\_\_  
Reimbursement Rate (per mile): \$ \_\_\_\_\_  
Fleet vehicle      Personal vehicle  
**Total Mileage Requested: \$ \_\_\_\_\_**

Hotel Name: \_\_\_\_\_  
Lodging Paid: \$ \_\_\_\_\_  
Miscellaneous Cost (i.e. parking): \$ \_\_\_\_\_  
**Total Lodging Requested: \$ \_\_\_\_\_**

Student Class Supplies: \$ \_\_\_\_\_  
Range Fee: \$ \_\_\_\_\_  
Other (describe): \$ \_\_\_\_\_

Date & Time of Departure: \_\_\_\_\_  
Date & Time of Return: \_\_\_\_\_  
.....  
Per Diem Rate - Training Days: \$ \_\_\_\_\_  
# of Days: \_\_\_\_ Total: \$ \_\_\_\_\_  
.....

**Total Class Supplies: \$ \_\_\_\_\_**

Per Diem Rate - Travel Days: \$ \_\_\_\_\_  
# of Days: \_\_\_\_ Total: \$ \_\_\_\_\_  
**Total Per Diem Requested: \$ \_\_\_\_\_**

**Commercial/Other Travel Costs:**  
(Airline, baggage fees, parking, car rental, etc.)  
Total \$ \_\_\_\_\_

**Total Scholarship Reimbursement Requested: \$ \_\_\_\_\_**

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

#### DOCUMENTATION TO INCLUDE WITH THE SCHOLARSHIP REIMBURSEMENT REQUEST

- Proof of Attendance- Attendance roster or Certificate of completion
- Proof of Costs- Itemized hotel bill, dated receipts, registration form, proof of payment or training announcement that documents cost of tuition, airline ticket, mileage map with beginning and ending addresses (if applicable)

**Incomplete requests will not be reviewed.**