

Vision Charter School

College Application Fee Reimbursement Form

Student Name: _____

College/ University: _____

Requested Reimbursement Amount: _____ (not to exceed \$50)

Person to be reimbursed (first and last name): _____

(Put the name of the person who paid this fee for you, if this is not yourself)

**Please attach proof of payment. This can be a screen that specifies what the college application fee costs or a receipt. Often schools will provide a receipt via email or a confirmation screen- print either of these to show how much you paid. Other proof of payment may be considered, just ask!*

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