

School Refund Form

1. Please complete one	e form for each refund ch	eck issued.		
2. Please use a separa	te refund check for any 0	Corporate or DD sc	holars	ships.
School Name: representing a return of funds for the students listed below:			Fund Type Acronym Key: FA: Original financial aid FA-P: PLUS financial aid RF: Original Recommended Funds RF-P: PLUS Recommended Funds C: Low-Income Corporate DD: Disabled/Displaced	
Student Name	Amount	Fund Type		Reason for Refund
Name of person comple	eting the form:			
Phone number:	Email:			



T: 520.512.5438 **F:** 520.203.0184

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