



Refund of Empowerment Scholarship Award

Organization Name & Address:

Date: _____

Enclosed is a check in the amount of: _____ Check number: _____

Student name <u>and</u> order number	Amount	Reason
		Overpayment, withdrawn, other (with explanation)

Name of person completing this form: _____

Email: _____

Phone #: _____

Send refunds to:
Arizona Department of Education
1535 W. Jefferson St. Bin # 41
Phoenix AZ 85007