Form B

T.E.A.C.H. Early Childhood® Scholarship Program, Washington, D.C.

Book Reimbursement Claim Form (Form B)

Recipient Information:

Social Security #: _____ Recipient Name: _____

Address: _____ College: _____

City, State, Zip: _____ Center: _____

Current Program/Option: Counselor: _____

Term Attended (circle one) FALL SPRING SUMMER _____ YEAR

Books: If a book was not purchased or receipts are not available, please circle N/A below.
We cannot issue a reimbursement without receipts.

Total books amount: $ _____ **Books paid by:** (circle one) Student Center N/A

Book Titles:	**Price** (without tax)
_____	_____
_____	_____
_____	_____

Email this book reimbursement form and your receipts to:
T.E.A.C.H. D.C. Early Childhood® Scholarship Program
teach_dc@nbcdi.org