Scholarship Disbursement Form

Use this form to request reimbursement for the cost of attending PPA/KPPA and approved educational events. Please include clear copies of your receipts from the event (s). Any balance you do not use from your scholarship may be used at another event providing it is used in the one year of eligibility.

Recipient's Name: _____

Scholarship Received: _____

Expiration Date: _____

This completed form is a requirement for reimbursement. Please list the totals from your attached receipts and any approval forms. KPPA will not disburse scholarship funds for non-PPA/KPPA events that did not receive prior approval.

Request for Reimbursement:

Item	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total	$_____
Amount of Awarded Scholarship	$_____
Amount to be Reimbursed (the lesser of the total or amount of scholarship)	$_____

Remit completed form to:
Scholarship Chairman
KPPA Office
5942 US 60
Ashland, KY 41102