



## Request for Reimbursement of Application Costs

School Year: 2020-2021

Requestor:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

GU- \_\_\_\_\_

I hereby request reimbursement for application(s) and/or required testing made on behalf of:

OSP Student: \_\_\_\_\_

ST- \_\_\_\_\_

to the following OSP Schools and/or testing sites:

Name of School or Testing Site	Date	Amount
	<b>Total:</b>	

Attach to this form copies of all receipts.

Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to:

**Serving Our Children  
1707 L Street, Suite 300  
Washington, DC 20036**