

Personalized Education Program ("PEP") Scholarship

Optional Pre-Authorization Form

(If approved, this document should be included with the Parent Reimbursement Request Form

Complete this form and submit it to AAA BEFORE purchasing educational items and services that may be eligible if required by your selected curriculum or instructional materials. Supporting documents must be included (i.e. screen shot of item, required materials list, etc.).

Once processed, AAA will return a copy of the form to you indicating whether the good or service is approved or denied (generally within 10 business days). If approved, include a copy of the approved form and note the assigned approval code at the bottom of this page with your request for reimbursement.

If denied, you may appeal one time by doing the following: in writing explain in further detail the necessity and educational value; you may include further support. You will submit the appeal and supporting information to patti@aaascholarships.org. You will be given the final decision within 10 business days. You will NOT be reimbursed for your purchase with PEP funds if denied.

****Approvals expire 90 days from approval date noted below**** Amount: \$ Date: Name of Service Provider/Vendor: Describe Item/Service to be Purchased: Describe Educational Purpose: Circle the Category Requiring Curriculum Instructional the Goods or Services: materials Name of Eligible Student Benefitting: I confirm that this purchase abides by the affirmations agreed to by me on the Sworn Compliance Statement when applying for the PEP Scholarship and by the AAA Scholarship policies and procedures as stated in the Florida Parent and School Handbook and understand that failure to comply could result in loss of the scholarship and/or require the return of scholarship funding to AAA Scholarship Foundation. Parent/Guardian(s) Signature: ****A COPY OF THIS FORM INDICATING THAT THE PURCHASE WAS PRE-APPROVED MUST BE INCLUDED WITH THE REQUEST FOR REIMBURSEMENT FORM**** FOR AAA ACCOUNTING USE ONLY DENIED □ APPROVED □ ***DATE: EXPENSE ACCOUNT:_____ASSIGNED APPROVAL CODE:____ DATE COPY RETURNED TO PARENT/GUARDIAN: PO Box 15719, Tampa, FL 33684-5719 • 1-888-707-2465 • cs6@aaascholarships.org