

Florida Prepaid College Plan Scholarship Refund Form

Customer Information:	
Name o of Busin	f Account Owner or Authorized Representative ness/Organization/Trust
(
Daytime) e Telephone Number
Phys. N.	
Plan Nu	mber
Name o	f Beneficiary (Student)
Following is information about the Florida Prepaid College Plan scholarship policy.	
In most cases, the beneficiary can still use the prepaid plan and use the scholarship to cover other college expenses, depending on the type of scholarship the student receives. If the student receives a scholarship that can be used for any qualified college expense, such as the Bright Futures scholarship, we recommend that you still use the prepaid plan. The college will bill us for the fees covered by the beneficiary's plan, apply the scholarship toward any other fees owed, and refund any remaining scholarship money directly to the student. If the student receives a limited scholarship that can only be used for tuition and/or housing, you may request a scholarship refund from the beneficiary's plan or transfer the plan to a qualified relative of the beneficiary. To obtain a Change of Beneficiary Form, visit www.myfloridaprepaid.com/forms. To request a scholarship refund, please complete the form below. The scholarship refund will be based on the value of the beneficiary's plan. Scholarship refunds are paid by semester and must be re-requested, in writing, each semester. Refunds are made payable only to the account owner. Please allow four weeks for processing.	
SCHOLARSHIP REFUND FORM	
 The account owner of the prepaid plan must sign and date below. Attach a copy of the student's class schedule for the semester for which you are requesting the scholarship refund. The class schedule must be from the school in which the student is enrolled and must reflect the school's name, the student's name, the term, and the total number of credit hours for the semester. If you have a prepaid dormitory plan and a scholarship that covers housing, you must attach proof of dormitory residence for the semester. 	
Attach documentation from the school showing that scholarships were awarded to the beneficiary to pay the same fees covered by the beneficiary's prepaid plan(s). Such documentation must include the school's name, the student's name, the term, and it must differentiate between the tuition and fees charged by the school and paid for by the scholarship. You may be able to find this information on the student's scholarship award letter, appointment letter, or on a detailed billing statement.	
 Return this form and the required documentation described above to: Florida Tallahassee, FL 32314-6567 or FAX to 850-309-1766. 	Prepaid College Board, PO Box 6567,
RESTRICTED REFUND – If you select this option, you will be refunded the amount of the total number of credit hours at the average rate payable per credit hour at Florida's public colleges or universities.	
I request a Restricted Refund. I understand that my refund will be processed college or university.	at the per-credit-hour rate of a Florida public
UNRESTRICTED REFUND – If you select this option, you will be refunded for the total dollar amount paid for covered expenses, up to the total plan value.	
I request an Unrestricted Refund. I understand that my plan may be depleted	I faster if I select this option.
Failure to sign/date the form or to submit any of the required documentation may result in the delay or denial of your refund request.	
I request a scholarship refund for the above-referenced plan.	
ACCOUNT OWNER SIGNATURE – REQUIRED	DATE