



WE MAKE **ACADEMIC ACHIEVEMENT ACCESSIBLE**

Pre-Authorization for Gardiner Scholarship Purchase of Item and/or Curriculum

(If approved, this document MUST be included with Payment Request Form (either Direct Payment or Parent Reimbursement))

Complete this form and return it to AAA BEFORE purchasing eligible* instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible* curriculum which is defined as a complete course of study for a particular content area or grade level, including any required supplemental materials. Supporting documents must be included. (i.e. screen shot of item)

Once processed, AAA will return a copy of the form to you indicating whether the purchase was approved or denied (within 10 business days). If approved, include a copy of the approved form with your request for reimbursement or direct payment to service provider form. If denied**, you can appeal one time by doing the following: in writing explain in further detail the necessity and educational value; you may include further support and/or a letter from a licensed Physician or Therapist with recommendation of requested item on company letterhead, then you will be given the final decision within 10 business days. You will NOT be reimbursed for your purchase with Gardiner funds if denied.

*For the list of eligible schools, programs, services and products go to <http://cdn.fldoe.org/schools/school-choice/k-12-scholarship-programs/gardiner/>

**Please refer to page 6 of the Gardiner Scholarship Parent/School Handbook for additional information.

Date: _____

*****(Expires 90 days from approval date noted below)**

Amount: \$ _____

Name or Service Provider/Vendor: _____

Describe Item/Service to be Purchased: _____

Describe Educational Purpose: _____

Curriculum Level: _____

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 Gardiner Scholarship and by the AAA Scholarship policies and procedures as stated in the Gardiner Handbook and understand that failure to comply could result in loss of the Gardiner Scholarship and/or require the return of Gardiner 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 OR DIRECT PAYMENT FORM******

FOR AAA ACCOUNTING USE ONLY

APPROVED DENIED BY: _____ ***DATE: _____

EXPENSE ACCOUNT: _____ CLASS: _____

DATE COPY RETURNED TO PARENT/GUARDIAN: _____

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GARDINER SCHOLARSHIP PARENT/GUARDIAN EXPENSE REIMBURSEMENT FORM

(Payments are made only by ACH – Bank Name, Routing number and Account number are required)

Complete this form and return it to AAA to request reimbursement for a purchase you made from a provider or vendor for eligible* items or services. A copy of the paid receipt listing the items and/or services purchased must be included with this request.

Purchase of eligible* instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible* curriculum requires pre-approval by AAA. A copy of the APPROVED Pre-Authorization form must be included with this form when requesting payment for those items or services.

*For a list of eligible schools, programs, services and products go to <http://cdn.fldoe.org/schools/school-choice/k-12-scholarship-programs/gardiner/>

Date: _____

Total Amount: \$ _____

Parent/Guardian Name: _____

Mailing Address: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

List items/services
Purchased (receipts
MUST be attached): _____

Describe Educational
Purpose: _____

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 Gardiner Scholarship and by the AAA Scholarship policies and procedures as stated in the Gardiner Handbook and understand that failure to comply could result in loss of the Gardiner Scholarship and/or require the return of Gardiner funding to AAA Scholarship Foundation.

Parent/Guardian(s)
Signature: _____

*****PROOF OF PAYMENT RECEIPTS MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR REIMBURSEMENT*****

FOR ACCOUNTING USE ONLY

APPROVED BY: _____ DATE: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____

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GARDINER SCHOLARSHIP DIRECT PAYMENT TO SERVICE PROVIDER/VENDOR FORM

(Payments are made only by ACH. Provider's Bank, Routing number and Account number are required)

Complete this form and return it to AAA to request direct payment to a provider or vendor for eligible* items or services. A copy of the invoice listing the items and/or services purchased must be included with this request.

Purchase of eligible* instructional materials, including digital devices, digital periphery devices and assistive technology as well as eligible* curriculum requires pre-approval by AAA. A copy of the APPROVED Pre-Authorization form must be included with this form when requesting payment for those items or services.

*For a list of eligible schools, programs, services and products go to <http://cdn.fldoe.org/schools/school-choice/k-12-scholarship-programs/gardiner/>

Date: _____

Total Amount: \$ _____

Service Provider Name: _____
(payment made only by ACH)

Mailing Address: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Eligible Services
Provided or Items
Purchased: _____

Describe Educational
Purpose: 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 Gardiner Scholarship and by the AAA Scholarship policies and procedures as stated in the Gardiner Handbook and understand that failure to comply could result in loss of the Gardiner Scholarship and/or require the return of Gardiner funding to AAA Scholarship Foundation.

Parent/Guardian(s)
Signature: _____

******DETAILED INVOICE MUST BE INCLUDED WITH THIS SIGNED DOCUMENT FOR PAYMENT******

FOR ACCOUNTING USE ONLY

APPROVED BY: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____



TRANSFER TO FLORIDA PREPAID COLLEGE & SAVINGS PLAN FORM

Complete this form and return it to AAA to request transfer of Gardiner Scholarship funds to an established Florida Prepaid or Florida Saving Plan program for the Gardiner Scholarship recipient **ONLY**.

Please include a copy of a Florida Prepaid Board statement to ensure accuracy of account information.

Date: _____

Total Amount: \$ _____

Florida Prepaid account #: _____

Saving Plan account # _____

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 Gardiner Scholarship and by the AAA Scholarship policies and procedures as stated in the Gardiner Handbook and understand that failure to comply could result in loss of the Gardiner Scholarship and/or require the return of Gardiner funding to AAA Scholarship Foundation.

Parent/Guardian(s) Signature: _____

FOR ACCOUNTING USE ONLY

APPROVED BY: _____ DATE: _____

EXPENSE ACCOUNT: _____ CLASS: _____

ENTERED INTO PAYMENT SYSTEM BY/DATE: _____