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: ____________________________________________

Amount: $________________________________________

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

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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Revised 07/24/2018
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: __________________________

Is this bank account different than the last one provided to us? (check one) ☐ YES ☐ NO

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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Revised 09/30/2019
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-Approval 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: ____________________________

Is this bank account different than the last one provided to us? (check one) ☐ YES ☐ NO

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: ____________________________ DATE: ____________________________

EXPENSE ACCOUNT: ____________________________ CLASS: ____________________________

ENTERED INTO PAYMENT SYSTEM BY/DATE: ____________________________

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Revised 09/30/2019
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: ________________________________

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