

*Form B*  
**T.E.A.C.H. Early Childhood® ALABAMA**  
**Tuition/Book Reimbursement Claim Form**

***Recipient Information***

Name: \_\_\_\_\_  
 Social Security#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 College Name: \_\_\_\_\_  
 Semester and Year: \_\_\_\_\_

***Tuition and Fees***

**Make sure you attach your official school schedule.**

Tuition/Fees amount: \$ \_\_\_\_\_ Tuition paid by: Student Center T.E.A.C.H. Pell  
(circle one) Other

**Course Titles:**

**Credit Hours:**


***Books***

If a book was not purchased or receipts are not available, please circle N/A below.

**We cannot issue a reimbursement without receipts.**

Total books amount: \$ \_\_\_\_\_ Books paid by: Student Center N/A Pell  
circle one Other No Book Purchased

**Book Titles:**

**Price (without tax)**


**Return with receipts to:** T.E.A.C.H. Early Childhood® ALABAMA  
 Alabama Partnership for Children  
 2595 Bell Road  
 Montgomery, AL 36117