

Educational Scholarship Account (ESA) Reimbursement

Request Form **2025 -2026 School Year**

You must select the quarter below that you are requesting reimbursement for. Verification of the student's enrollment must be submitted with each quarterly reimbursement request.

Check the Box	Quarter	Request Due to MDE Office of Special Education	Disbursement Date
	1 st	Due on or before August 29, 2025	September 26, 2025
	2 nd	Due on or before November 28, 2025	December 16, 2025
	3 rd	Due on or before February 27, 2026	March 27, 2026
	4 th	Due on or before May 29, 2026	June 26, 2026

Required ESA Information

ESA Account Number		
ESA Participant's Full Name		Grade:
Parent Guardian's Full Name		Phone #:
Name of Current School		

Reimbursement Request

Amounts must be entered in the appropriate boxes below. ORIGINAL receipts must be included with the ESA Reimbursement Request. Please maintain a copy for your records. All reimbursement request must have been purchased after the student was awarded the ESA. Purchases prior to the ESA award will not be reimbursed.

Eligible Expenses	Requested Amount
(a) Tuition and or academic fees from an eligible school- Fees in addition to tuition are allowable only if they directly impact the educational needs of the student.	
(b) Textbooks related to academic coursework	
(c) Payment to a tutor - Documentation must be provided that verifies the tutor is certified or licensed by a state, regional, or national certification, licensing or accreditation	
(d) Payment for purchase of curriculum including any supplemental materials required by the curriculum	
(e) Fees for nationally standardized norm-referenced achievement tests, including alternate assessments; Advanced Placement exams or similar courses; and any exams related to college/university admission	
(f) Educational services or therapies from a licensed or certified practitioner or provider, including licensed or certified paraprofessionals or educational aides;	
(g) Tuition, and fees related to dual enrollment at a postsecondary institution, - These expenses are allowable for a high school student taking a class or	

classes at a postsecondary institution (community college, college, or university accredited by a state, regional or national accrediting organization) but they are not allowable for a student who has graduated from high school and is enrolled at a postsecondary institution.	
(h) Textbooks related to dual enrollment academic coursework at a postsecondary institution	
(i) No more than \$50.00 in annual consumable school supplies necessary for educational services and therapies, daily classroom activities, and tutoring	
(j) Computer hardware and software and other technological devices if an eligible school, licensed and certified tutor, licensed or certified educational service practitioner or provider, or licensed medical professional verifies in writing that these items are essential for the student to meet annual, measurable educational and academic goals or goals within the scope of the eligible student's IEP. Qualifying expenses for computer hardware and software include only those expenses incurred within the awarded year. Once a student is no longer participating in the program all computer hardware and technology devices must be donated to the public school or library.	
Total Amount of Funds Requested from Participant's ESA	\$

Parent/Guardian REIMBURSEMENT REQUEST	Amount to Reimbursed Directly to the Parent		\$
	I _____ (Parent/Guardian) request reimbursement for the above eligible expenses for my participating child from his/her Education Scholarship Account (ESA). I attest the above listed amounts are my actual expenses incurred and I have attached ORIGINAL receipts to support these expenses. I acknowledge that if I have falsified any documents, my child will be removed from the ESA program and deemed permanently ineligible. I will further be required to repay any fraudulently obtained funds back to the ESA and the appropriate law enforcement authorities will be notified, if needed. Signature of Parent/Guardian _____		

Educational Service Provider REIMBURSEMENT REQUEST	Amount to Reimbursed Directly to Educational Service Provider		\$
	Education Service Provider Name		
	Employer Identification Number		
	Provider Address		
	Provider Phone Number		
	I _____ (Educational Service Provider authorized representative) attest that the actual amount charged and requested is for services provided by _____ (Educational Service Provider) to _____ (ESA Participating Student) during the 2025-2026 school year as shown on the provided invoice. I acknowledge that falsifying information will result in permanent removal from the ESA program, demand for repayment of funds, and referral to the appropriate law enforcement authorities, if needed.		
	Signature of Educational Service Representative		
Signature of Parent/Guardian (Required for Authorization)			