Phone: 480-414-8677
Fax: 1-888-256-1130
www.topsforkids.com

RETURN OF FUNDS

Name of School _____

Address _____

Contact Name _____

Contact Phone Number _____

Contact Email Address _____

Please complete the form with your school information and child refund information. In the box below list each student separately with the listed refund information. If you are returning funds for a child in more than one program, please list that child separately for each program.

Fill in all information:
1. Student name (last name, first name)
2. Scholarship program the refund is for (i.e. Individual, PLUS Corp Low-Income or DD)
3. The check number of the TOPS award
4. The check date of the TOPS award
5. The amount refunded.

Use additional forms if there is not enough lines for students

Student Last Name	First Name	Scholarship Program Being Refunded (Ind/PLUS/Corp/DD)	TOPS Check #	TOPS Check Date	Refund Amount	Reason

Please send form and the check to:

TOPS for Kids • Dept # 880031 • PO Box 29650 • Phoenix, AZ 85038-9650