



Date: _____

PROMISE JOBS Worker: _____

Address: _____

Phone: _____

ESTIMATE OF COST

Participant Name _____

To The Participant: You must submit an itemized list of required supplies and services, including the cost of each item. You must submit a separate form for each provider. You may be eligible for an allowance for items that are not covered by a Pell Grant and other grants, awards, and scholarships.

If you are eligible, payment for books, tuition, and fees, will be made directly to your provider. When possible, it will be helpful to the provider if you list each item to be considered under each heading. The provider must complete section F before you return this form.

To The Provider: This person is a participant in the PROMISE JOBS Program. This program provides financial assistance to people who are participating in the program. We ask that you provide the expense information requested below and complete section F. Thank you for your assistance.

Note: This form may be used as a claim for payment.

A. Tuition	<u>Costs</u>	Fees	<u>Costs</u>
(list each separately or attach an itemized list)			
B. Books	<u>Costs</u>	Books	<u>Costs</u>

C. Tools and supplies (list each item separately or attach an itemized list) Costs

D. Uniforms and work shoes Costs

E. Other (specify) Costs

Federal I.D. No. _____ Total Costs _____

F. I certify that these charges are correct and that I understand that any refunds for expenses paid to the provider by PROMISE JOBS funds (e.g., early student withdrawals or drops) will be paid directly to PROMISE JOBS.

Participant Signature	
Name of Provider	
Address of Provider	
Authorized Signature	Date

(If a standardized list of tuition, fees, books, and supplies is attached in place of completing this form, please sign and date the standardized list as well.)