



Peace Officer  
Standards and Training

Rural And Small Academy Program  
FY21 Scholarship  
Reimbursement Request Form

Agency Name: _____
Date of Reimbursement Request: _____
Amount of Award (per Award Letter): \$ _____
Contact Name: _____ Contact Email: _____
<b>COSTS</b>
Scholarship Attendee Name: _____ Tuition Cost: \$ _____ Name of Academy: _____ Academy Completion Date: _____
Total Reimbursement Requested (may not exceed grant award): \$ _____
Comments:   

**Email completed form to [post.grants@coag.gov](mailto:post.grants@coag.gov) within 30 days after academy has been completed.**

**DOCUMENTATION TO INCLUDE WITH THE SCHOLARSHIP REIMBURSEMENT REQUEST**

Academy certificate of completion

Tuition cost proof of payment (i.e. copy of check, credit card receipt, etc)

Incomplete requests will not be reviewed.