

## ROADS SCHOLAR TUITION REIMBURSEMENT

Applications must be submitted no later than December 15 to be eligible for current year funds

ALL SHADED AREAS MUST BE COMPLETED. Information should be typed (preferred) in this form and submitted with required document(s) via email (<a href="mailto:mchambers@kcamp.org">mchambers@kcamp.org</a>) or fax (785.267.2383).

MEMBER				CONTACT		
TITLE						
PHONE NUMBER			EMAIL			
MAILING ADDRES	SS					
(include City, State and Zip)						
SUPERVISOR NAME & TITLE						
(If applicable)						
DESCRIPTION OF	A CTIV/ITV/ F.C	ND MALLICLI DEIA	4DLIDGE	NACNIT IC DEINI	C DEQUESTS	TO AND NUMBER OF DARTICIDANTS
DESCRIPTION OF	ACTIVITY FC	K WHICH KEIN	VIDUKSE	IVIEINI IS DEIIN	G REQUESTE	ED AND NUMBER OF PARTICIPANTS
	<i>,</i> , , , , , , , , , , , , , , , , , ,		.,	No		
REQUIRED Invoice(s) attached/enclosed Yes						
DECLUDED Dragf of Completion attached analoged Van						
REQUIRED Proof of Completion attached/enclosed Yes No						
AMOUNT REQUESTED FOR REIMBURSEMENT (\$50/Person/Class Maximum)						
PROOF OF COST & COMPLETION REQUIRED PRIOR TO KCAMP REIMBURSEMENT						
TOTAL COST OF ACTIVITY						
MEMBER REPRESENTATIVE SIGNATURE						
DATE						
APPLICATION APPROVAL (To be completed by KCAMP Staff)						
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1. Member F				\$		
		iate to Progran		Ye		No
<ol><li>Verification</li></ol>	n of Comple	etion by Memb	er	Ye		No
					Date Mer	mber Notified:
Application Complete Returned to Member for Additional Information						
Date:						
			2 0.00	` <u> </u>		
KCAMP RISK MANAGEMENT APPROVAL			D	ate		
KCAMP CEO APPROVAL				D	ate	