

LOUISIANA'S START SAVING PROGRAM

REFUND OF SCHOLARSHIP AWARD FORM

START Saving Program
PO Box 91271
Baton Rouge, LA 70821-9271

Telephone: 1-800-259-5626
Internet: www.startsaving.la.gov
Fax: (225) 612-6497
E-mail: start@la.gov

INSTRUCTIONS: Account Owner's must complete this form to receive a partial refund from their account equal to the amount of a scholarship received by the Beneficiary for an Educational Term. Only the Account Owner's deposits and earnings thereon will be refunded and the amount requested cannot be greater than the amount of the scholarship. A separate refund form must be completed for each Educational Term for which the Beneficiary receives a scholarship award. The refunded amount may be subject to federal and state income tax if not used to pay Qualified Higher Education Expenses (QHEE). **You should seek advice from a qualified tax professional before you submit this form. Please PRINT neatly in ink and complete all sections.**

Please submit this request at least 30 days before the date you wish funds to be available.

SECTION A – ACCOUNT FROM WHICH REFUND IS TO BE MADE

Account Owner's Name: _____
Account Owner's Telephone Number: _____
Account Owner's E-mail Address: _____
Account Number: _____
Beneficiary's Name: _____

SECTION B - ABOUT THE REFUND

A refund cannot exceed the Current Value of the account or the amount of the scholarship, whichever is less. **INCLUDE A COPY OF STUDENT'S FEE BILL OR INVOICE SHOWING SCHOLARSHIP(S) AWARD. THIS IS REQUIRED TO PROCESS YOUR REFUND.** Complete the following information about this refund:

AMOUNT TO BE REFUNDED: \$ _____

REFUND INSTRUCTIONS: Check who is to receive this refund. Select only one.

To Account Owner To Beneficiary

SECTION C - BENEFICIARY'S ENROLLMENT STATUS

This refund is for the amount of a scholarship received by the Beneficiary during the Educational Term shown (**Check one only and enter the school year**):

Fall Winter Spring Summer School Year _____

The Beneficiary will enroll: Full Time Half-Time or more Less than Half-time

The Beneficiary will attend:

Name of Institution

Address

City

State

Zip Code

The Beneficiary's Student ID at the Institution: _____

The Beneficiary will live (**Check one only**): On-Campus Off-Campus With Parent(s)

SECTION D - ACCOUNT OWNER'S CERTIFICATION

By signing this Refund Request and submitting it to the START Saving Program, you authorize a refund from your account to the recipient and in the amount designated in Section B. In addition, you certify that this refund is equal to or less than the amount of the scholarship award received by the Beneficiary for the Educational Term entered in Section C.

Account Owner's Signature: _____ Date: _____