

## **Empowerment Scholarship Account – Request to Close Account**

Application ID:	School Year:
Applicant (Parent) Name:	
Student's Name:	
Reason for Close Account Request:	
Public/Charter School: ☐ Yes ☐ No	
Different Scholarship: ☐ Yes ☐ No	
Other:	
I acknowledge by signing this request that I will n Account Funds. Any remaining funds in my ESA of Education and will no longer be available for E  X X  ESA Account Holder Signature Date	Account will be recovered by the Department ESA expenditures.
Internal Use Only	
Time Stamp (Date Received)	☐ Account Reviewed ☐ All expense reports submitted and audited If no, quarter(s) missing ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4 ☐ Form uploaded/account noted
Bank of America Balance: \$  Date Closed:	<ul> <li>☐ System updated</li> <li>☐ Update spreadsheet</li> <li>☐ Check public school enrollment/upload reports</li> </ul>
Date Glosed.	☐ Update spreadsheet ☐ Closure verification sent to applicant
Reviewed By:	Tr