



EMPOWERMENT SCHOLARSHIP ACCOUNT  
2016-2017 EXPENSE REPORT  
ADDENDUM SHEET – EDUCATIONAL THERAPIES

Student First Legal Name	Student Legal Last Name
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**Please Print Out Additional Pages if Necessary**

**Therapy**

Payment Date: \_\_\_\_\_

Payment Method: ☐ PayPal ☐ Point of Sale ☐ Web Based/Phone ☐ Square

Payment Facility: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Therapy Type: \_\_\_\_\_ Credential Type: \_\_\_\_\_

☐ Checking this box assures that I have verified credentials and documents are attached

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