



EMPOWERMENT SCHOLARSHIP ACCOUNT
2016-2017 EXPENSE REPORT
ADDENDUM SHEET - PARAPROFESSIONALS

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

Paraprofessional

Payment Date: _____

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

Payment Facility: _____ Payment Amount: \$ _____

Name of Paraprofessional: _____

Credential Type: ☐ Associates degree or higher
☐ 60 or more credit hours
☐ Passed one or more of the three paraprofessional tests

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

Paraprofessional

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