



EMPOWERMENT SCHOLARSHIP ACCOUNT
2017-2018 EXPENSE REPORT
ADDENDUM SHEET – EDUCATIONAL THERAPIES

| | |
|--------------------------|-------------------------|
| Student First Legal Name | Student Legal Last Name |
|--------------------------|-------------------------|

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

Therapy

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