

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 Withdraw my application for ESA: ☐ Yes ☐ No	
Other:	
*If you have an active contract with ESA all expense reports must be submitted to close your account in good standing. Failure to submit all expense reports will result in suspension or termination of account	
I acknowledge by signing this request that I will no longer receive Empowerment Scholarship Account Funds. Any remaining funds in my ESA Account will be recovered by the Department of Education and will no longer be available for ESA expenditures.	
X X	
ESA Account Holder Signature Dat	e
Internal Use Only	☐ Account Reviewed ☐ All expense reports submitted ☐ If not, quarter(s) missing: ☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4 ☐ RFI Sent? ☐ Yes: Due Date IR ☐ Form uploaded/account noted ☐ Check public school enrollment
Bank of America Balance: \$	☐ Visa Tool (BofA) updated
Closed Date:	☐ Update spreadsheet☐ Closure verification sent to applicant☐