

## SECTION VII – BILLING SUMMARY

Request the **postsecondary institution provide** the following information in order to certify student’s funding from their itemized bill to complete the application packet for STRONG Act tuition reimbursement as outlined in the State of Tennessee Public Chapter No. 229 and Rule 0930-02-01.

|   |   |
|---|---|
| Member’s Last Name, First Name:   | Member’s Social Security Number: (Last 4) |
| Total Amount of Tuition Accepted:<br>(Amount Accepted from Section V Enrollment Certification)                  |   |
| FTA (Federal Tuition Assistance) Used This Academic Term  |   |
| Amount of Federal funding granted to Student<br>(Pell Grant, Federal Scholarships, Chapter 33 Post 9/11, etc..) |   |
| Amount of State funding granted to Student<br>(Hope Scholarship, TSAC Grant etc..)                              |   |
| <b>Final remaining balance after deductions from above (FTA, Federal Funding, State Funding)</b>                |   |

Printed Name and Signature of Certifying Official

Date Signed: (YYYYMMDD)

Comments:

**\*\*\*Note: Please provide a copy of Itemized Bill & Unofficial Transcript \*\*\***