

## **Leaders for the Future Reimbursement Request Form**

Principal/Teacher Preparation Cohort

SEMESTERS 2,3,4,5,6

I intend to continue with the Principal Preparation Program Cohort for the next session. Please accept this request for reimbursement.

I understand that a check will be made payable to your school and that this check will be mailed directly to my home address. I understand that each semester, I will be asked to submit a copy of my transcript to the Catholic Education Foundation.

Name (Print)	Date		
Signature			
This application is for (circle one):		Semester 3 Semester 6	Semester 4
Please check any that apply:			
☐ My contact information has chang	ged (home add	ress, phone, em	nail). Please note the following
☐ My employer information has cha	anged. Please	note the follow	ing:
☐ I will not be continuing with the I required to contact the Catholic Edu			
Return form to:			
Catholic Education Foundation			
ATTN: REIMBURSEMENT REQU	<i>YEST</i>		
16555 Weber Road			
Crest Hill, IL 60403			

Contact JLangenderfer@dioceseofjoliet.org or 815-221-6127 if you have any questions.