DEPARTMENT OF
HIGHER EDUCATION &
WORKFORCE DEVELOPMENT

State Grant and Scholarship Programs Institutional Refund Form

P.O. Box 1469, Jefferson City, MO 65101 • www.dhewd.mo.gov
Phone: (800) 473-6757, option 4 • Fax: 573-751-6635

Institution Name	Academic Year
DHE Code	Program Name

Student's Social Security Number	Student's Name			Student's Refund Amount	Semester (Check One)	
	Last	First	MI		Fall	Spring
		Total Refund Check Amount		$0.00		

Date

Refund Check Number

Signature of Student Financial Aid Administrator

Return completed form with refund check to the address above.