



PROVIDENCE
CHRISTIAN ACADEMY

EFS – FACTS Refund Request Form

Student Name(s): _____

Parent Name: _____

Parent Email: _____

Request Date: _____

Mailing Address: _____

Reason for Refund Request:

Due to receiving funds through the Tennessee Education Freedom Scholarship (EFS) program, my FACTS account currently reflects a credit balance. I am formally requesting a refund of this credit balance.

I acknowledge and agree to the following:

- It is my responsibility to remain fully compliant with all EFS program requirements to ensure the disbursement of EFS funds to PCA.
- If EFS funds are not received for any reason, I remain fully responsible for my student's total tuition obligation. In the event of such an occurrence, I authorize PCA to process payment through my FACTS account and allow drafts to be posted to the bank account or credit card I have on file.

Signature: _____

Date: _____