James R. Jordan Foundation P.O. Box 11698 Chicago IL 60611 P: 312-751-9696 F: 312-751-9660



Graduate Information Packet

What Expenses May Be Paid With Account Funds?

- ➤ Tuition, Registration and School Fees
- ➤ Books and book store purchases
- > Equipment required for enrollment and attendance
- Reasonable room and meals (if enrolled at least half-time)
- > Travel expenses to/from or around campus
- Uniforms (for military or vocational programs)
- > Computer or other required technology

What Expenses Are **NOT** Eligible for Payment With Account Funds?

- Clothes or Shoes
- > Personal Grooming
- > Fraternity/Sorority Fees
- > Cable television
- ➤ Non academic related travel
- Room and board for students that live at home or in the home of a relative

How Do I Access My Funds When I Need Them?

- > This Graduate Information Packet has the required forms that are needed for you to access your funds.
- Remember: *All funds will be directed to the school of your choice.*

When Must These Funds Be Used?

- All students are required to secure a *social security* number before requesting funds.
- All students must request funds within *two years* after high school graduation or by *age* 20; whichever comes first.

What happens if I Do Not Access the Funds within 2 years of High School Graduation or by the Time I Turn 20?

You will *forfeit* your earnings and the funds will remain in the A-Team program and be will allocated to another A-Team Scholar.



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Authorization to Apply Funds

CONGRATULATIONS!

Your scholarship dollars have been maintained in a 529 College Savings Account since you made the A-TEAM. In order to release these funds to your chosen program, please provide the following information:

Student's Name:		
Birth date:	*SSN#:	CPS ID#
High School:	High School Graduation date:	
Student's Address:	Apt #:	
City:	State:	Zip:
Student's Home Phone:	Cell Phone:	
Student email address:		
Intended School/Program:		
School Address:		
City:	State:	Zip:
School Phone:	College ID	#:
*required to withdraw funds		
are unclaimed after this date, the Please return this form to:	James R. Jordan For PO Box 1169	undation 98
	Chicago, Illinois	
	Fax Number: 312-7	751-9660
If you ha	ve any questions, please	call us at 312-751-9696
can only be used towards my stude	nt account at my intended	ontents of this letter. I understand that my funds program of higher education and give permission currently held in my 529 college savings account
Student Signature		Date
Parent/Guardian of Student (if s	tudent is under 18 years	s of age) Date



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Authorization to

Release

Information

1	grant
permission to Please Pri	nt Name
College or	⁻ University
to release any and all requested informati Foundation for the purpose of transferrin account, to the school of my choice.	ion (see below) to the James R. Jordan g funds currently held in my interest- bearing
 Verification of enrollment (note on Student ID# Address and a contact person for w 	school letterhead) where Scholarship funds are to be sent
STUDENT SIGNATURE	DATE

This authorization shall remain valid for a period of one year from the signed date.

