

EAST BUTLER *Foundation*

P.O. Box 54
Brainard, NE 68626

Ph: (402) 545-2081 Fax: (402) 545-2023
ebutlerfoundation@ebutler.esu7.org

"To benefit the students, staff, and East Butler community and to provide for the continued growth and improvement of the school."

ACT Reimbursement

Student Name: _____

Today's Date: _____

Date ACT Taken: _____

Check made to: _____

Address check sent to: _____

If we have any questions and need to contact you, please provide us with the following:

Name: _____

Phone: _____ Email: _____

Please submit the following documents to the East Butler Foundation administrative assistant:

Email: ebutlerfoundation@ebutler.esu7.org

or

Mail to: East Butler Foundation
PO Box 54
Brainard, NE 68626

Include the following:

1. Copy of original receipt of ACT payment

NOTE: This is a one-time reimbursement to an East Butler student.