

## Educational Allowance 2023-2024

Tuition & Fees: \$35,910.00

### STUDENT INFORMATION

Level of Coursework:

- Undergraduate  
 Graduate

Marital Status:

- Single  
 Married

Living Arrangement:

- On-Campus (*benefits cover 70% of tuition, standard and related fees*)  
 Off-Campus (*benefits cover 35% of tuition, standard and related fees*)

I understand that Teaching Credential Program MUST be approved by my conference for payment to be authorized.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

### PARENT INFORMATION

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Employer's Information*

Name of Conference/Union Employed by: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation

- Elementary School Teacher     Minister  
 Secondary School Teacher     Administrator

*This is to certify that I contribute more than 50% of the support for the above listed, never married, dependent child, that I claim him/her as an exemption on my federal income tax return, and that he/she qualifies for the Educational Allowance. I understand that I am responsible for payment if my employer declines my benefits or does not send payment to La Sierra within 6 weeks of billing. I also understand that non-payment could result in a financial hold for future registration.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### CONFERENCE / UNION / ACADEMY INFORMATION *(To be completed by an official representative)*

Eligible for Educational Allowance:     Yes     No

Eligible Quarters:     Summer     Fall     Winter     Spring

Eligible to Receive:     35% LSU tuition/fees     70% LSU tuition/fees     Other \_\_\_\_\_

(Please check only one. If the amount is different from La Sierra University's tuition & fees, \$35,910.00, please indicate on "other")

Accumulated quarters: \_\_\_\_\_

Remaining Quarters Eligibility: \_\_\_\_\_

This is to certify that \_\_\_\_\_ is currently employed by \_\_\_\_\_ and that his/her dependent is entitled to the Educational Allowance Benefit for the current school terms indicated above in accordance to our Educational Allowance Policy. *Please validate "Date of Birth" eligibility before signing this form.*

Approval is given for:

- Undergraduate Teaching Credential Program
- Graduate Teaching Credential Program
- Study Tour
- Distance Learning

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone for Billing Contact: \_\_\_\_\_

Email for Billing Contact: \_\_\_\_\_

*If payment is not received within 6 weeks of billing, the student/parent will be held responsible for paying any remaining balance.*

\_\_\_\_\_  
Printed Name of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

**Please return this completed form to:** Student Financial Services, La Sierra University, 4500 Riverwalk Parkway, Room 101, Riverside, CA 92515  
sfs@lasierra.edu. If you have any questions, please contact us @ (951) 785-2175. You may also fax us @ (951) 785-2942.