

Educational Allowance 2024-2025

Tuition & Fees: \$37,710.00

STUDENT INFORMATION

- | | | |
|--|----------------------------------|---|
| <u>Level of Coursework:</u> | <u>Marital Status:</u> | <u>Living Arrangement:</u> |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Single | <input type="checkbox"/> On-Campus (<i>benefits cover 70% of tuition, standard and related fees</i>) |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> Married | <input type="checkbox"/> Off-Campus (<i>benefits cover 35% of tuition, standard and related fees</i>) |

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, \$37,710.00, 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 92505
 sfs@lasierra.edu. If you have any questions, please contact us @ (951) 785-2175. You may also fax us @ (951) 785-2942.