LA SIERRA UNIVERSITY

STUDENT FINANCIAL SERVICES
EDUCATIONAL ALLOWANCE
AUTHORIZATION FORM

School Year: 2006/2007
Tuition/Fees: $20,634

STUDENT NAME: _____ID#/SSN_____
Please Print Clearly

___I will be doing Undergraduate course work ___I will be doing Graduate course work**. I understand that the Teaching Credential program MUST be approved by my Conference for payment to be authorized.**

I plan to live:___on campus ___off campus DOB_____

(Normally, on-campus pays 70% & off-campus pays 35% of tuition and standard fees. Please inform your aid counselor if your plans change each quarter)

PARENT INFORMATION

PARENT NAME:_____

ADDRESS/PHONE: _____
City State Zip Phone

NAME OF CONFERENCE/UNION EMPLOYED BY: _____

EMPLOYER ADDRESS/PHONE: _____
City State Zip Phone

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.

_____
Parent 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% tuition/fees ☐ 70% tuition/fees Other $_____
(Please check one only)

This is to certify that _____is currently employed by_____ and that his/her dependent children are entitled to the Educational Allowance Benefit for the current school term according 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

_____ Date:_____
Signature of Authorized Official

_____
Address: Street, City, State and Zip

_____
Phone number

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.

ORIGINAL—SFS Office **COPY**—Bursar Office **COPY**—Student

Received by:_____ Tracked by: ____ Tracking Code: EDUALL EAAF0607

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