



## Educational Allowance 2017-2018

Tuition & Fees: \$32,130.00

### 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: \_\_\_\_\_

Occupation

- ☐ Elementary School Teacher    ☐ Minister  
☐ Secondary School Teacher    ☐ Administrator

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. 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, \$32,130.00, 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

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

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

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

\_\_\_\_\_  
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.



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