



ID #: _____ NAME: _____ PHONE: _____

Educational Allowance 2023-2024

Tuition & Fees: \$35,910.00



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 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 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 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



(To be completed by an official representative)

Yes No

Summer Fall Winter Spring

35% LSU tuition/fees 70% LSU tuition/fees Other

- 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



: 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.

EDALLE 2324