Educational Allowance

202 -202

Tuition & Fees: \$ 10.00

STUDENT INFORMATION					
Level of Coursework:	Living Arrangement:				
☐ Undergraduate		☐ On-Campu\$benefits cover 70% of tuition, standard and related fees)			
☐ Graduate	☐ Off-Camp	☐ Off-Campus(benefits cover 35% of tuition, standard and related fees)			
I understand that Teaching Credential Program I	MUST be approved	by my confe	erence for payment	to be authorized.	
Student's Signature	Date of Birth	Pate of Birth Date			
PARENT INFORMATION					
Parent Name:		Phone:			
Address:					
Employer's Information					
Name of Conference/Union Employed by:			C Elementary School Teacher C Secondary School Teacher	Minister Administrator	
Address:		Phone:			
Parent's Signature		Date	_		
CONFERENCE / UNION / ACADEMY INFORMATION (To	be completed by an office	cial representati	ve)		
Eligible for Educational Allowance: ○ Yes ○ No	Eligible Quarte	ers: O Sumr	ner O Fall O Wi	nter C Spring	
Eligible to Receive: ○35% LSU tuition/fees ○70% LSU					
(Please check only one. If the amount is different from La Sie			· ·	e on "other")	
Accumulated quarters:	Remaining Qua	Remaining Quarters Eligibility:			
This is to certify that					
and that his/her dependent is entitled to the Educational Allowance Policy. Please validate "Date of Birth" eligibility before	owance Benefit for the				
and that his/her dependent is entitled to the Educational Allo	owance Benefit for the signing this form.	e current satso	oldieated above in ac weeks of billing, the stu		
and that his/her dependent is entitled to the Educational Allo Allowance Policy. Please validate "Date of Birth" eligibility before Undergraduate Teaching Credential Prograduate Teaching Cr	owance Benefit for the signing this form. ram If payment is not re	e current satso	oldieated above in ac weeks of billing, the stu	ccordance to our Educa	
and that his/her dependent is entitled to the Educational Allo Allowance Policy. Please validate "Date of Birth" eligibility before Undergraduate Teaching Credential Prograduate Teaching Credential Program Study Tour	owance Benefit for the signing this form. ram If payment is not re	e current satso	oldieated above in ac weeks of billing, the stu	ccordance to our Educa	

Please return this completed form to Student Financial Services, La Sierra University, 4500 Riverwalk Parkway, Room 101, Riverside, 6A 925 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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