

SDA Tuition Assistance Authorization

Please return to:
Student Financial Services
Pacific Union College
One Angwin Ave
Angwin, CA 94508

Student Name _____

I.D. # _____

Dear Parent:

Please submit this form to the person responsible for paying your assistance. Please have the form completed by your employer and returned to us as soon as possible.

Thank you,

Laurie Wheeler, Director
Student Financial Services

Name of Parent Employed _____

Employer: Division/Conference/Institution _____

Address for Billing _____

Contact Person _____ Ph. # _____

When we receive a bill we will send payment each quarter to Pacific Union College for the above named student for

___ 100% of PUC Tuition

___ 50% of PUC Tuition

___ 70% of PUC Tuition

___ 25% of PUC Tuition

___ 35% of PUC Tuition

___ % of _____ Tuition

We will not pay tuition assistance for the above named student.

Employer Signature

Date