2023-2024
SDA Education Allowance Authorization

_____
Student's Last Name First Name

_____
Student's PUC ID #

Dear Parent:

Please submit this form to the contact person responsible for paying your tuition assistance. Please have them complete the form and email it back to PUC Student Finance studentfinance@puc.edu today.

Name of Parent Employed:_____

Employer/Division/Conference/Institution:_____

Billing Address: _____

_____

_____

Contact Person: _____ Phone #:_____

Please check all boxes that apply:

____ 100% of PUC Tuition

____ % of _____ Tuition
(local SDA college name)

____ Per **NAD policy:**

70% of PUC Tuition, if in Dorm
35% of PUC Tuition, if not in Dorm

____☐ We will not pay tuition assistance

By signing below you, acknowledge that when you receive a bill that you will send the required payment each quarter to Pacific Union College for the above named student.

_____ _____
Employer Signature Date

Pacific Union College, Student Financial Services, One Angwin Avenue, Angwin, CA 94508
Phone: (707) 965-7200 Fax: (707) 965-7615 Email: studentfinance@puc.edu