



**TUITION AND FEES APPLICATION**

You may be eligible for 100% prepayment/reimbursement of tuition and required fees for approved courses/educational activities.

<b>PART 1 - Participant Information</b>	
Last Name, First Name, Middle Initial	CAEL Participant ID # _____ / JVS Client ID # _____ <i>Program Use Only-</i>
Home Mailing Address	Email _____ Employer Name _____
Day time Phone #	Evening Phone # _____

<b>PART 2 - Payment Request. I am requesting:</b>	
<input type="checkbox"/> Letter of Credit for 100% prepayment of tuition & fees	<input type="checkbox"/> Reimbursement of tuition and fees
<input type="checkbox"/> I have enclosed school tuition/fee schedule or invoice	<input type="checkbox"/> I have enclosed bursar's receipt or other proof of payment

<b>PART 3 - School/Educational Provider Information</b>		
Name	Phone Number	<b>I am pursuing:</b> <input type="checkbox"/> Associate Degree in _____ <input type="checkbox"/> Bachelor's Degree in _____ <input type="checkbox"/> Master's Degree in _____ <input type="checkbox"/> Individual Course <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Other, please specify _____
Address (Street, City, State, Zip)	Date of ILP:	
<input type="checkbox"/> I have submitted and received approval for my Individual Learning Plan (Required).		

Course or Educational Activity	Course Number	Number of Credits (if applicable)	Tuition Amount	Fees	Course Start Date	Course End Date
			\$	\$		
			\$	\$		
			\$	\$		

(Initial) \_\_\_\_\_ I give permission for my employer to provide CAEL with any educational or training courses that I have completed or am currently enrolled in, as part of Employer's tuition assistance plan.

*I certify that the information provided in this application is complete and accurate. Falsification of information may result in termination of any allowance granted. I have read the program materials and understand that my enrollment in the above course(s) is voluntary and that the time spent taking said course(s) will not be considered as time worked for my employer. I understand this amount must be repaid within 90 days if I do not complete the course(s) successfully. If I voluntarily terminate my employment before a course or other educational activity is completed, I understand that tuition and fees will be repayable to LiLAs in full. I acknowledge that any monies due LiLAs will be payable in full no later than my last day of employment.*

*I authorize CAEL to withdraw reimbursement and/or prepayment funds in connection with the LiLA Program from my LiLA account at Bank of America. I understand that no vouchers or payments will be processed unless there are sufficient funds available and that CAEL does not guarantee the funds contributed by me, my employer, and the third party funders. I authorize CAEL to process this withdrawal request in accordance with LiLA instructions.*

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Email, Mail or Fax to:**  
 JVS Attn: Amabelle Camins  
 225 Bush Street, Suite 400 San Francisco, CA 94104  
[acamins@jvs.org](mailto:acamins@jvs.org)  
 Phone: 415-782-6253 Fax: 415-391-3617