



**CSEA/VOICE  
TUITION VOUCHER APPLICATION  
FOR PROGRAM YEAR 2017-2018**



**FOR CREDIT BEARING COURSEWORK ONLY**

Complete this form and mail it to the CSEA WORK Institute, 1 Lear Jet Lane, Suite 5, Latham, NY 12110. Call the CSEA WORK Institute at (518) 782-4427 or (866) 478-5548 (areas outside the Capital Region) if you have questions about any of the information requested. **You may apply for FOUR tuition vouchers or reimbursements between October 1, 2017 and March 31, 2018. A separate application form must be completed for each tuition voucher or reimbursement requested. All applications must be received (not postmarked) by March 31, 2018.**

You are eligible if you are a NYS Registered Family or Licensed Group Family Childcare Provider outside of New York City.

CSEA ID Number: 

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Social Security Number: 

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Daycare Registration/License Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email address: \_\_\_\_\_

School Code: 

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 School Name: \_\_\_\_\_

(Fill in the three-digit code for the school you have selected from the Tuition Assistance Program catalog and include the school's name on the line provided. If you applying for reimbursement at a school or location that does not accept CSEA vouchers or if you have already paid for the your course and prefer to be reimbursed directly, please fill out the Tuition Reimbursement Application Form.)

Course Number and Title \_\_\_\_\_

**DO NOT LEAVE BLANK!**

**Please check the appropriate box below to identify which program you intend to pursue.**

AA Early Care Education  BA Early Care Education  CDA Credential  Number of credits \_\_\_\_\_

What is the start date of the course? \_\_\_\_\_ What is the end date of the course? \_\_\_\_\_

All the information contained in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the school named above to release to CSEA final grades and other data regarding my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

