



**CSEA/VOICE
TUITION VOUCHER APPLICATION
FOR PROGRAM YEAR 2024-2025**



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. A separate application form must be completed for each tuition voucher or reimbursement requested. All applications must be received (not postmarked) by March 31, 2025.**

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

CSEA ID 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 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 are applying for reimbursement at a school or location that does not accept CSEA vouchers or have already paid for your course and prefer to be reimbursed directly, please complete 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 in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the school named above to release the final grades and other data regarding my participation to CSEA.

Signature: _____ Date: _____

