



CSEA/VOICE  
TUITION REIMBURSEMENT APPLICATION  
FOR PROGRAM YEAR 2026-2027



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, 2027.**

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: \_\_\_\_\_

**TUITION REIMBURSEMENT** School Name: \_\_\_\_\_

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

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: \_\_\_\_\_

