

LACKAWANNA COLLEGE

501 VINE STREET, SCRANTON, PA 18509

EMPLOYER BENEFIT DEFERMENT FORM

NAME: _____ SSN: _____

HOME ADDRESS: _____

HOME TELEPHONE: () _____ WORK () _____

I am enrolled for _____ credit(s) in the _____ Semester of _____. Total cost of tuition (and applicable fees) is \$ _____. I request permission to defer payment on tuition charges that will be covered by my employer. I understand and agree that if my employer rejects this application, or if I should leave my present place of employment, I will be responsible for immediate and full payment of all tuition. At time of registration, I agree to pay all fees not covered by my employer and to pay any difference when my employer pays only partial tuition. If my employer reimburses me directly for tuition charges due Lackawanna College, I will turn those funds over to the College within ten (10) business days of receipt for payment on my account.

SIGNATURE _____ DATE _____

THIS SECTION IS TO BE FILLED OUT BY EMPLOYER

I certify that the above named applicant is employed by our firm and is eligible for tuition benefits.

- 1) Please indicate the percentage of the student's tuition to be reimbursed: _____%.
- 2) Payment shall be paid directly to student _____ or to Lackawanna College _____ (please check one). If payment is made directly to student, the student is aware the payment must be turned over to the College for processing.
- 3) Comments: _____

NAME OF FIRM: _____

BILLING ADDRESS OF FIRM: _____

ATTN: _____

TELEPHONE: (____) _____

AUTHORIZED FIRM REPRESENTATIVE: _____

TITLE: _____ DATE: _____