

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

LAPU ID# \_\_\_\_\_

**Please Note: If the funds are to be sent to LAPU, they will not be added to the Financial Aid Offer until they are received by LAPU**

Please Select All That Apply:	
<input type="checkbox"/> Company Reimbursement My company will reimburse as follows: <input type="checkbox"/> Per Unit      \$ _____ <input type="checkbox"/> Per Semester \$ _____ <input type="checkbox"/> Per Year        \$ _____	<input type="checkbox"/> My company will pay the school directly <input type="checkbox"/> My company will reimburse me after I complete the course Please attach a copy of your company's tuition reimbursement policy along with this completed form.
<input type="checkbox"/> I am no longer receiving Company Reimbursement	
<input type="checkbox"/> Scholarship Name: _____	Amount \$ _____ Please attach a copy of your scholarship award letter.
<input type="checkbox"/> Other External Funding Name: _____	Amount \$ _____ Please attach documentation of any other external funding that has been awarded to you.

Outside Aid Contact Information:	
Company Name:	_____
Contact Person:	_____
Phone number:	_____
Email:	_____

**STATEMENT OF FINANCIAL RESPONSIBILITY**

For any external sources of funding, I acknowledge that if for any reason the company does not make the indicated payment for my tuition or any other program costs, I am responsible for the balance accrued to LAPU. I am also aware that a student may not participate in graduation ceremonies, register for further sessions or receive any diploma or certificate until all financial obligations have been satisfied in accordance with LAPU financial policies. Any diploma or certificate shall be withheld by the University until all such obligations are satisfied. Release of any such documents, prior to or subsequent to any default by the debtors, shall not be considered a binding precedent or modification of this policy. The University reserves the right to make any changes in institutional refund policies, fees and expenses without notice. I give LAPU permission to discuss my account with my company or with the source of my scholarship or other external funding.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Submit completed form to [financialaid@lapu.edu](mailto:financialaid@lapu.edu)  
 For questions, please contact Student Financial Services at (626) 495-2855