

To be eligible to apply, you must be a NYS employee in the ASU/02, OSU/03, ISU/04, or DMNA/47 bargaining units who has received a NYS paycheck at the time the application is received by the Partnership (after first paycheck and before last paycheck). **Applications submitted during this application period must be used for courses that are in session during this application period (April 1, 2022 - March 31, 2023).**

NYS EMPLID: N **OR**

Have your NYS or CSEA ID ready when filling out your application.

CSEA ID #: _____
 Name: _____
 Mailing Address: _____
 City: _____ State: _____
 Best contact phone number: () _____ Ext. _____ NYS Age _____
 Email address: _____

Vouchers/reimbursement approval forms will be mailed to the address you list on this application. Please make sure the address is current. Vouchers/reimbursement approval forms will never be faxed or emailed to you.

You may apply for up to TWO standard tuition benefits during the program year **(April 1, 2022-March 31, 2023)**. **All applications must be received by March 31, 2023.**

To apply for vouchers, fill in the 4 to 6 digit participating voucher school code and name of the school on each line below. All participating voucher schools and their codes can be found [here](#).

To apply for reimbursement, use "TRP" as the school code if you are applying for a location that does not accept Partnership vouchers, or if you have already paid for your course to be reimbursed directly.

You can find your school code by clicking this link. For reimbursement, your school code will always be TRP.

DO NOT SEND PAYMENT/COMPLETION DOCUMENTATION AT THIS TIME.

Benefit 1:
 Partnership School Code: School Name: _____

Benefit 2:
 Partnership School Code: - School Name: _____

Subject Area: _____

You can apply for up to two tuition benefits on this application. If you are taking two courses this program year, consider applying for two benefits.

By checking this box, I agree that all of the information contained on this application is true and correct to the best of my knowledge and that I am authorized by my employer to participate in the Partnership Program regarding my participation.

This subject area can be the major you are pursuing or program you are enrolled in.

Date: _____

Application as an Attachment to:

tuitionapplications@nyscseapartnership.org

Fax: (518) 486-1989 | **Call:** (800) 253-4332 (option 1) with any questions

Mail: Corporate Plaza East – Suite 502, 240 Washington Avenue Extension Albany, New York 12203

[Click here if you have a disability that requires a reasonable accommodation in order to participate in a course.](#)

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NYS EMPLID: **N** **OR**

The NYS EMPLID can be found on your paystub. The CSEA ID # can be found on your CSEA membership ID card.

CSEA ID #:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Best contact phone number: () _____ Ext. _____ NYS Agency Name: _____

Email address: _____

You may apply for up to TWO standard tuition benefits during the program year **(April 1, 2022-March 31, 2023)**. **All applications must be received by March 31, 2023.**

To apply for vouchers, fill in the 4 to 6 digit participating voucher school code (located above to the name or office of the school contact), and name of the school on each line below. All participating voucher schools and their codes can be found [here](#).

To apply for reimbursement, use "TRP" as the school code if you are applying for benefits at a school or location that does not accept Partnership vouchers, or if you have already paid for your course and prefer to be reimbursed directly.

DO NOT SEND PAYMENT/COMPLETION DOCUMENTATION AT THIS TIME.

Benefit 1:
Partnership School Code: - School Name: _____

Benefit 2:
Partnership School Code: - School Name: _____

Subject Area: _____

By checking this box, I agree that all of 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 the Partnership final grades and other course information regarding my participation.

Date: _____

Save and Email the Completed Application as an Attachment to:

tuitionapplications@nyscseapartnership.org

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