



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

| |
|--------------------------|
| OFFICE USE ONLY |
| Date Stamp _____ |
| SAIL application # _____ |
| School Code _____ |
| Closure date _____ |

Application for Student Tuition Recovery Fund

(California Education Code § 94924; Title 5, California Code of Regulations § 76200)

STUDENT

Name: _____

Address: _____

City

State

Zip

Phone Number: _____

Email Address: _____

Social Security Number: _____

INSTITUTION

Name _____

Address _____

City

State

Zip

Telephone Number _____

DATES OF ATTENDANCE

Date started: _____

Date stopped: _____

Graduated: No _____ Yes _____ If Yes When _____

Reason you stopped attending the institution: _____

STUDENT TUITION RECOVERY FUND (STRF)

CHECK ALL THAT APPLY

The fund exists to relieve or mitigate pecuniary losses suffered by a California resident who is or was a student of a qualifying institution if the student enrolled in an institution, prepaid tuition, paid the assessment, and suffered loss as a result of any of the following reasons per California Education Code Section 76020. Please check

The closure of the institution.

The institution's failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purposes, or to provide equipment or materials for which a charge was collected within 180 days before the closure of the institution.

The institution's failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the institution prior to closure in excess of tuition and other costs.

A decline in the quality or value of the course of instruction within the 30-day period before the closure of the institution or, if the decline began before the period, the period of decline determined by the Bureau.

The student's inability to collect a judgment entered against a qualifying institution, subject to all of the following:

The student has reasonably tried, and failed, to collect on the judgment.

The Bureau receives the student's application within 4 years from the school's closure.

The student has not received reimbursement or forgiveness from any other source.

GENERAL INFORMATION

Were you a California resident at time of enrollment? Yes No

Did you pay the STRF fee? (Check enrollment agreement) Yes No

Did you ever take a leave of absence during the time of enrollment? (Attach copies of approved leave) Yes No

Do you hold a student Visa or Temporary Workers Visa? Yes No

Have you previously applied for a STRF reimbursement? Yes No

Did the course of study or the portion completed, prepare you or allow you to take a state or national licensure exam? Yes No
If Yes, provide the licensure exam title.

Did you transfer to another school? Yes No
If Yes, provide a copy of enrollment agreement from new school and list any classes or units transferred.

Did you obtain a court judgment against the school? Yes No
If Yes, attach a copy.

ECONOMIC LOSS

Please document the amount and provide a description of your economic loss:

Tuition:

Other Costs:

(provide itemized list)

Amount of Claim:

(Total amount requesting)

YOU MUST PROVIDE A COPY OF YOUR ENROLLMENT AGREEMENT, RECEIPTS AND ALL OTHER DOCUMENTS TO SUBSTANTIATE YOUR EXPENSES.

Enrollment agreement copy attached: ____ Yes ____ No

All copies of receipts for monies paid including cash and loans attached. ____ Yes ____ No

Copies of Promissory Notes, Loan Documents attached. ____ Yes ____ No

PAYMENT INFORMATION

Did you receive assistance from a third party (including, but not limited to workers compensation, vocational rehabilitation, insurance company, military, etc.) to pay any part of the tuition?

Yes No

If YES, provide documentation detailing the assistance received.

Did you pay cash for tuition?

Yes No

If YES, provide copies of all receipts, the school ledger card showing payments, statement from the school showing paid in full, credit card statements, canceled checks (front and back).

Did you receive a loan of any type (including guaranteed student loan, private loan, retail installment agreement, PLUS, NDSL, SLS, CLAS, Stafford, etc.) to pay any part of the tuition?

Yes No

If YES, provide the name of the lender, any state or federal agency that guaranteed or reinsured the loan, and the most current loan statement.

Were payments made on the loan(s)?

Yes No

If YES, provide documentation of all payments, provide copies of canceled checks (front and back), charge slips, receipts, payment history from the bank, etc.

“I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.”

Signature

Date

Print Name



LOAN NEGOTIATION, CERTIFICATION, AND AUTHORIZATION

1. By signing this form you authorize the Bureau to negotiate with any lender, holder, guarantee agency, or the U.S. Department of Education on the student’s behalf to reduce the loan obligation.
2. By signing this form you authorize the Bureau to issue a payment directly to any lender, holder, guarantee agency, or the U.S. Department of Education on the student’s behalf.
3. An assignment to the Fund and the Bureau of the student’s rights to collect those funds against the institution if any payment issues as a result of the application.

TO WHOM IT MAY CONCERN, I AUTHORIZE THE RELEASE OF MY LOAN INFORMATION TO A REPRESENTATIVE OF THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION FOR THE SOLE PURPOSE OF LOAN NEGOTIATION ON MY BEHALF.

Student’s
Full Name: _____

Student’s
Social Security Number: _____

Student’s
Signature: _____

Date: _____

Borrower if different than student
Full Name: _____

Borrower
Social Security Number: _____

Borrower’s
Signature: _____

Date: _____