



California State Chapter - Cottey College Travel Fund

APPLICATION

Sponsoring P.E.O.: _____ Chapter/City: _____

Telephone #: _____ Email: _____

Address: _____

Student Name: _____ Age at time of visit: _____

Address/City/Zip: _____

Telephone #: _____ Email: _____

High School: _____ Grad. Date (mo/yr): _____

Visit Date(s): _____

Event type:

- | | | |
|---|---|--|
| <input type="checkbox"/> "C" For Yourself | <input type="checkbox"/> Show Me Cottey | <input type="checkbox"/> Scheduled Independent Visit |
| <input type="checkbox"/> Summer Workshop | <input type="checkbox"/> Transfer Weekend | <input type="checkbox"/> Celebration of Achievement |

Requirements:

- Eligible expenses are those incurred by the student for air and/or ground transportation, housing, meals and event registration. Application fee and student entertainment expenses, if any, are not eligible for reimbursement.
- Student is at least 16 years of age and in 10th, 11th or 12th grade, or a high school graduate.
- Student is a resident of California
- Student or parent/guardian must sign release form to be submitted with this application.
- Travel arrangements are to be made by student or her parent/guardian.
- Visit must be verified by Cottey College Admissions Office.
- Only one travel reimbursement permitted per student.
- Eligible expenses for accompanying parent/guardian for air and/or ground transportation and housing are also eligible for reimbursement separately.
- Reimbursement requests and related receipts must be submitted to the CA Cottey Committee within 45 days of the completion of visit.

I have discussed the above requirements with the student (and her parent/guardian, as applicable). I recommend her (or them) for reimbursement from the CSC-Cottey College Travel Fund.

Signature of Sponsoring P.E.O.: _____ Date: _____

STUDENT REIMBURSEMENT REQUESTS

As a serious, prospective student of Cottey College, I request to be considered for travel reimbursement for my campus visit. I understand that reimbursement of my travel expenses is limited to the amount pre-authorized by California P.E.O. (and not to exceed \$1,000) and is contingent upon proof of my visit as verified by the Cottey College Admissions Office.

Student signature: _____ Date: _____

If student is a minor, please complete the following:

Parent/Guardian Name: _____

Address/City/Zip: _____

Telephone #: _____ Alternate Telephone #: _____

Email address: _____

For help planning a visit:

Call: 1-888-5-COTTEY (1-888-526-8839) or email: enrollmgt@cottey.edu For more information about Cottey College, see: www.cottey.edu

NOTES: _____

For California State Chapter Use Only

APPLICATION #: _____

Date application pre-approved by CA Cottey Committee: _____ Maximum amount authorized \$ _____

Sponsoring P.E.O. notified & reimbursement instructions sent by Committee Chair. Date: _____

Receipts rec'd. Date: _____ Visit verified by (Cottey employee): _____

Eligible for reimbursement: YES Committee Chair: _____ Date: _____

Payment Authorized: YES CSC Treasurer: _____ Date: _____

Amt: \$ _____ Payable to: _____

Chk #: _____ Mailed to: _____

Date mailed: _____

ACCOMPANYING ADULT REIMBURSEMENT REQUESTS

As the accompanying adult for _____, a prospective student of Cottey College, I request to be considered for travel reimbursement during this visit. I understand that reimbursement of my transportation and housing expenses is limited to the amount pre-authorized by California P.E.O. (and not to exceed \$1,000) and is contingent upon proof of my visit as verified by the Cottey College Admissions Office.

Accompanying Adult signature: _____ Date: _____

For California State Chapter Use Only

APPLICATION #: _____

Date application pre-approved by CA Cottey Committee: _____ Maximum amount authorized \$ _____

Sponsoring P.E.O. notified & reimbursement instructions sent by Committee Chair. Date: _____

Receipts rec'd. Date: _____ Visit verified by (Cottey employee): _____

Eligible for reimbursement: YES Committee Chair: _____ Date: _____

Payment Authorized: YES CSC Treasurer: _____ Date: _____

Amt: \$ _____ Payable to: _____

Chk #: _____ Mailed to: _____

Date mailed: _____ _____

Accident Waiver and Release of Liability

Name of the Activity or Event: COTTEY COLLEGE CAMPUS VISIT AND TRAVEL

Date(s) of the Activity or Event: _____

I, _____ (“Participant”) hereby assume all of the risks of participating and/or volunteering in this activity or event, and waive, release and forever discharge Cottey College, the California State Chapter P.E.O., the International Chapter of the P.E.O. Sisterhood and their board members, officers, employees, volunteers, agents, representatives or assigns, and the activity or event sponsors, from any and all claims, demands, and causes of action of whatever kind or nature, including but not limited to, claims arising from the negligence or fault of the entities or persons released for my personal injury, disability, death, property damage, property theft, or actions of any kind which may arise as a result of my participation in the above named activity at Cottey College or during the travel to or from Cottey College. I agree to indemnify and hold harmless, and promise not to sue, the entities and/or persons mentioned above from any and all liabilities or claims arising out of my participation in this activity or event, whether caused by the negligence of those released or otherwise. This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ Date	_____ Participant’s Signature	_____ Age
	_____ Print Name of Participant	

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)
The undersigned parent or guardian hereby represents that he/she is, in fact, acting in such capacity, has consented to his/her child or ward’s participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parent or guardian further agrees to hold harmless and indemnify each and all of the parties referred to above from any and all liability, loss, cost, claim, or damage whatsoever that may arise from the Participant’s participation in the above named activity at Cottey College and/or during the travel to and from Cottey College.

_____ Date	_____ Signature of Parent or Guardian
	_____ Print Name of Parent or Guardian