



**Financial Aid Payment Application
2019 - 2020 SCHOOL YEAR**

Student's Name: _____ Grade: _____

Please complete a separate form for each student to be covered by this plan.

Total tuition and fees: (Above includes Flex Day, if applicable, and Additional Charges as outlined on the Statement of Fees & Financial Policy.)	\$ _____
Less tuition deposit paid with contract: (found in Financial Aid packet)	\$ _____
Total tuition to be paid over 12 months:	\$ _____
Monthly payment	\$ _____ ÷ 12 = \$ _____

Monthly payments are charged to your checking account on the fifteenth of each month beginning May 2019 to April 2020. Please complete the Direct Payment Authorization on the back of this form and mail in the envelope provided along with a voided check.

If you have a question concerning this process, please call Kathy (X6614) in the Business Office.

All monthly payments must be made by direct payment. Complete the Direct Payment Authorization on the back of this form and mail in the envelope provided along with a voided check. (Voided check needed only if your information has changed)