

## **TUITION PAYMENT PLAN POLICY**

**Application for a Tuition Payment Plan may be made by any student enrolled at Skagit Valley College subject to the following conditions:**

- 1. Approval of a Tuition Payment Plan is subject to evidence that the student has the ability to repay the funds within the time frame agreed to on the Tuition Payment Plan Application.**
- 2. The student must sign the Tuition Payment Plan Application acknowledging all terms and conditions, and certifying that he/she is not in default or repayment of federal, state, or institutional financial aid funds. If a student is a minor (under the age of 18), the Tuition Payment Plan must be signed by both the student and their parent.**
- 3. Students who use this Tuition Payment Plan program will be assessed a \$30 non-refundable processing fee, payable at the time of initiation.**
- 4. A Tuition Payment Plan will generally not be approved for greater than 60% of the total of tuition, fees, and \$30 non-refundable processing fee. Maximum amount of the Tuition Payment Plan may not exceed the cost of tuition and fees.**
- 5. Final payment plan balance will generally be due 30 days from the start of the quarter in which the loan is taken, following the agreed Tuition Payment Plan stated on the Tuition Payment Plan application.**
- 6. Failure to repay the Tuition Payment Plan balance will result in the account being sent to a collection agency and the student will be responsible for all additional collection charges. Registration and official transcripts will be denied until the Tuition Payment Plan account balance is repaid.**
- 7. Students who withdraw from school will be subject to the institutional refund policy and may owe all or part of the Tuition Payment Plan balance.**



# TUITION PAYMENT PLAN APPLICATION

Summer Qtr Year \_\_\_\_\_  Fall Qtr Year \_\_\_\_\_ Student ID: \_\_\_\_\_

Winter Qtr Year \_\_\_\_\_  Spring Qtr Year \_\_\_\_\_ Social Security #: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street Address City State Zip

Permanent Address (if different): \_\_\_\_\_  
Street Address City State Zip

Telephone Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you currently employed?  Yes  No Name of Employer: \_\_\_\_\_

Reference (if married, cannot use spouse) Name and Address: \_\_\_\_\_  
(MUST BE COMPLETED) Reference Name

Street Address City State Zip

Please describe your source of funds to pay off the remaining balance of your Tuition Payment Plan (e.g. family, work income, etc.): \_\_\_\_\_

Tuition and Fees Due: \$ \_\_\_\_\_

Non-Refundable Processing Fee: + \$ **30.00**

Total Amount Due: = \$ \_\_\_\_\_

Less Down Payment: - \$ \_\_\_\_\_ (40% MINIMUM REQUIRED)

Payment Plan Balance Due : = \$ \_\_\_\_\_

Cashier Validation Number and Date: \_\_\_\_\_

FINANCIAL AID STAFF USE ONLY

- I UNDERSTAND THAT IF I WITHDRAW FROM SCHOOL, THE INSTITUTIONAL REFUND POLICY WILL BE APPLIED AND I MAY STILL BE LIABLE FOR ALL OR PART OF MY TUITION PAYMENT PLAN.
- IF IT IS NECESSARY FOR SKAGIT VALLEY COLLEGE TO SEND MY ACCOUNT TO A COLLECTION AGENCY AS A DELINQUENT ACCOUNT, I AGREE TO PAY ALL COLLECTION CHARGES IN ADDITION TO THE OUTSTANDING BALANCE.
- I CERTIFY THAT I AM NOT IN DEFAULT ON ANY EDUCATIONAL LOAN, AND THAT I DO NOT OWE ANY REPAYMENT OF FEDERAL, STATE, OR INSTITUTIONAL FINANCIAL AID FUNDS.
- I UNDERSTAND THAT I AM REQUIRED TO PAY MY PAYMENT PLAN BALANCE IN FULL WITHIN 24 HOURS OF RECEIPT OF ANY FINANCIAL AID FUNDS. *IF I AM DETERMINED INELIGIBLE FOR FINANANCIAL AID, I STILL MUST ABIDE BY THE TERMS OF THIS AGREEMENT.*
- I UNDERSTAND THAT IF I ADD MORE COURSES TO MY SCHEDULE, THE TUITION AND FEES DUE WILL BE ADDED TO MY TUITION PAYMENT PLAN BALANCE.
- I AGREE TO PAY THE BALANCE OF MY TUITION PAYMENT PLAN ON OR BEFORE**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

Parent (if student under age of 18) \_\_\_\_\_ Date \_\_\_\_\_