Tuition and Fees Payment Plan

**AUGUST PROGRAM**

1. A onetime administrative fee of $50 is charged to use the Payment Plan. The fee is non-refundable.

2. Students pay in four installments over the academic year, two payments for each semester:

First payment due date: August 15\* Second payment due date: September 15\*

Third payment due date: January 15\* Fourth payment due date: February 15\*. \*or next business day, if 15th falls on a weekend or national holiday

3. The Financial Aid Advisor will calculate the amounts due under the Plan during the required post-acceptance financial meeting.

4. Students are expected to be aware of their payment due dates and amounts and make payments on time. **Payment reminders are not sent to students**.

5. Students can pay by mail or in person using check, money order, debit card, Visa, MasterCard, or Discover to the IGHSPN Administrative Coordinator, Tamara Gladstone. You may phone in your payment by debit or credit card to Tamara at 922-1401.

6. All payments must be received on or before each due date. Failure to make a scheduled payment on time will result in a late fee of $25. Students that still have an outstanding balance 5 business days after the due date will be removed from class.

7. If a check paid to the school is returned for any reason, the student will be charged $25. All future payments by/for this student must be made by money order, or debit or credit card.

8. The Payment Plan may be canceled at any time by notifying either the Financial Aid Advisor or Administrative Coordinator in writing and including payment in full.

9. For students withdrawing from school, refunds of monies paid will be handled according to the IGHSPN refund policy (see our website for the full policy).

10. IGHSPN reserves the right not to offer the Payment Plan to students who have used it previously and have not paid according to their payment schedule.

**ISABELLA GRAHAM HART SCHOOL OF PRACTICAL NURSING**

**TUITION AND FEES PAYMENT PLAN AGREEMENT-AUGUST**

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**Student Name**

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**Home Address**

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**Cell Phone Number Home Phone Number, if different**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address**

**Agreement Terms & Conditions:**

**I agree to pay the listed amounts, which include a one-time administrative fee of $50, upon execution of this agreement. I agree to pay each of the subsequent payments by the indicated due dates. I understand that IF estimated credits are used to determine my total installment contract amount then the payment amounts may change and I will be promptly notified of the new amounts by IGHSPN.**

**I acknowledge a financial indebtedness to IGHSPN in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be paid as follows:**

**$\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_. $\_\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_.**

**$\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_. $\_\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_.**

**Failure to make the above scheduled payments on time will result in a late fee of $25. IGHSPN will remove me from all classes after 5 business days of non-payment and will not release grades or transcripts until all account balances are paid in full.**

**I have read the Terms and Conditions of this agreement and understand all provisions associated with this contract. I agree to pay IGHSPN the amounts due as set forth above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Student Signature of Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

Tuition and Fees Payment Plan

**JANUARY PROGRAM**

1. A onetime administrative fee of $50 is charged to use the Payment Plan. The fee is non-refundable.

2. Students pay in six installments over the academic year, two payments for each semester:

First payment due date: January 10\*. Second payment due date: February 15\*

First payment due date: April 30\* Second payment due date: May 30\*

Third payment due date: August 15\* Fourth payment due date: September 15\*.

\*or next business day, if 15th falls on a weekend or national holiday

3. The Financial Aid Advisor will calculate the amounts due under the Plan during the required post-acceptance financial meeting.

4. Students are expected to be aware of their payment due dates and amounts and make payments on time. **Payment reminders are not sent to students**.

5. Students can pay by mail or in person using check, money order, debit card, Visa, MasterCard, or Discover to the IGHSPN Administrative Coordinator, Tamara Gladstone. You may phone in your payment by debit or credit card to Tamara at 922-1401.

6. All payments must be received on or before each due date. Failure to make a scheduled payment on time will result in a late fee of $25. Students that still have an outstanding balance 5 business days after the due date will be removed from class.

7. If a check paid to the school is returned for any reason, the student will be charged $25. All future payments by/for this student must be made by money order, or debit or credit card.

8. The Payment Plan may be canceled at any time by notifying either the Financial Aid Advisor or Administrative Coordinator in writing and including payment in full.

9. For students withdrawing from school, refunds of monies paid will be handled according to the IGHSPN refund policy (see our website for the full policy).

10. IGHSPN reserves the right not to offer the Payment Plan to students who have used it previously and have not paid according to their payment schedule.

**ISABELLA GRAHAM HART SCHOOL OF PRACTICAL NURSING**

**TUITION AND FEES PAYMENT PLAN AGREEMENT-JANUARY**

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**Student Name**

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**Home Address**

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**Cell Phone Number Home Phone Number, if different**

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**E-mail Address**

**Agreement Terms & Conditions:**

**I agree to pay the listed amounts, which include a one-time administrative fee of $50, upon execution of this agreement. I agree to pay each of the subsequent payments by the indicated due dates. I understand that IF estimated credits are used to determine my total installment contract amount then the payment amounts may change and I will be promptly notified of the new amounts by IGHSPN.**

**I acknowledge a financial indebtedness to IGHSPN in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be paid as follows:**

**$\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_. $\_\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_.**

**$\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_. $\_\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_.**

**$\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_. $\_\_\_\_\_\_\_\_\_\_\_ due on or before \_\_\_/\_\_\_/\_\_\_.**

**Failure to make the above scheduled payments on time will result in a late fee of $25. IGHSPN will remove me from all classes after 5 business days of non-payment and will not release grades or transcripts until all account balances are paid in full.**

**I have read the Terms and Conditions of this agreement and understand all provisions associated with this contract. I agree to pay IGHSPN the amounts due as set forth above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Student Signature of Student**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**