## **PAYMENT PLAN FORM**

## Instructions:

- 1. download this form to your computer
- 2. print the form
- 3. complete the cells in yellow (if applicable)
- 4. mail completed form to School of the Spirit Ministry, 360 Blossom Hill Drive, Lancaster, PA 17601

JITION	\$	7,000.00
DEPOSIT	\$	400.00
MEMORIAL SCHOLARSHIP GRANT (enter amount awarded by SotS, if any):		
OURCES OF FUNDING (that will be paid directly to SotS by another person or entity and		
r through you):		
(e.g. name of person or entity / expected date)		(amount)
YOUR NET TUITION		6,600.00
<b>NE</b> PAYMENT PLAN (by entering an "x" in the first column):		
One Payment (at or prior to Residency 1) of	\$	6,600.00
Note: the following options add a \$50 administrative fee because they extend payments into year 2		
Two Payments (at or prior to Residencies 1 and 4) of	\$	3,325.00
Three Payments (at or prior Residencies 1, 4, and 6) of	\$	2,216.67
Six Payments (at or prior to each residency) of	\$	1,108.33
Other:		
number of installments		
amount of each installment		\$6,600.00
date of first installment (no later than 9/30/2018)		
	TTUITION  NE PAYMENT PLAN (by entering an "x" in the first column):  One Payment (at or prior to Residency 1) of  Note: the following options add a \$50 administrative fee because they extend payments into year 2  Two Payments (at or prior to Residencies 1 and 4) of  Three Payments (at or prior Residencies 1, 4, and 6) of  Six Payments (at or prior to each residency) of  Other:  number of installments	DEPOSIT  MEMORIAL SCHOLARSHIP GRANT (enter amount awarded by SotS, if any):  OURCES OF FUNDING (that will be paid directly to SotS by another person or entity and r through you):  (e.g. name of person or entity / expected date)  TTUITION  \$  NE PAYMENT PLAN (by entering an "x" in the first column):  One Payment (at or prior to Residency 1) of  Note: the following options add a \$50 administrative fee because they extend payments into year 2  Two Payments (at or prior Residencies 1 and 4) of  Three Payments (at or prior Residencies 1, 4, and 6) of  Six Payments (at or prior to each residency) of  Other:  number of installments

Your signed name and date below affirm that (1) you have read and understood the "small print" regarding Money Matters and (2) you will pay the amount(s) indicated above by your chosen plan.

Name		
Date		