

## 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. In the event of nonpayment, Skagit Valley College will pursue the amount due as allowed by law, and will add collection costs to the amount due. Unpaid accounts may be sent to an outside collection agency and may be reported to one or more credit bureau reporting services. Collection agency fees up to 50% will be assessed on the unpaid balance of an account, after internal collection efforts have failed to result in full payment.
7. Registration and official transcripts will be denied until the Tuition Payment Plan account balance is repaid.
8. 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

Personal Email Address (not your MYSVC) : \_\_\_\_\_

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 :** = \$ \_\_\_\_\_

FINANCIAL AID STAFF USE ONLY

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

1. 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.
2. IF IT IS NECESSARY FOR SKAGIT VALLEY COLLEGE TO SEND MY ACCOUNT TO A COLLECTION AGENCY AS A DELINQUENT ACCOUNT, I AGREE TO PAY COLLECTION FEES ASSESSED UP TO 50% ON THE UNPAID BALANCE OF MY ACCOUNT, AFTER INTERNAL COLLECTION EFFORTS HAVE FAILED TO RESULT IN FULL PAYMENT.
3. 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.
4. IF I AM ELIGIBLE FOR FINANCIAL AID AND A TUITION BALANCE IS REMAINING AFTER FINANCIAL AID FUNDS HAVE BEEN APPLIED, I WILL BE RESPONSIBLE FOR ANY REMAINING TUITION AMOUNT DUE. IF I AM DETERMINED INELIGIBLE FOR FINANCIAL AID, I STILL MUST ABIDE BY THE TERMS OF THIS AGREEMENT.
5. 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.
6. 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