HEALTH Financial Plan Worksheet

Name:_____ Date Prepared:_____

	College Credit	Audit
Tuition (Village Student $4,060 / $2,560)	$4,090	$2,590
Room & Board	$3,750	$3,750
Technology Fee	$340	$340
Registration Fee	$100	$100
Accident Insurance Fee	$100	$100
SA Fee (Village Student $150)	$120	$120
Total Fees	$8,500	$7,000

Room Deposit	$200	$200

Early Bird Application Discount	$75	$75
Buddy Discount	$150	$150

International Student Fee $3,200

Total Student Fees $ _____

Sources of Funds

Student/Parents _____

Sponsor _____

Other _____

Total Funding Source $ _____

Excess (Shortage) of Funds $ _____

Monthly payments of $_____ every _____ of the month for _____ months.

Other Payment Option: _____

_____

I agree to make payments as stated above and make a $3,000 down payment no later than the first day of class.

Student signature: _____ Date:_____

Financial Officer Signature & Approval:_____ Date:_____

Fees are subject to change