

Sample School Truth in Lending Statement Payment Plan Contract Addendum

Name of Student: _____

Date of Plan: _____

Program	Annual Percentage Rate	Finance Charge	Amount Financed	Total of Payments	Total Tuition Price
	The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.	The total price of tuition, including deposit paid
____ PROGRAM NAME	0%	\$0.00	\$X,XXX.xx	\$X,XXX.xx	\$X,XXX.xx

Tuition Payment schedule:

\$XXX enrollment fee. Due date enrollment contract is executed.

Date Due: _____ N/A OR PIF _____ N/A

Due Date will be according to aid disbursement schedule: Yes ___ No _____

\$XXX deposit. Due date enrollment contract is executed.

Date Due: _____ N/A OR PIF _____

Due Date according to aid disbursement schedule: Yes ___ No _____

(If student has paid \$XXX then balance of X,XXX.xx is due. If student is using aid for the \$XXX, the \$X,XXX.xx will be due according to anticipated disbursements.)

Program	First Payment	Remaining Payments
	Due Date will be according to aid disbursement schedule Yes ___ No _____	Due Date will be according to aid disbursement schedule Yes ___ No _____
____ PROGAM NAME	Amount will be according to award letter minus any loan fees. Yes ___ No _____	Amount will be according to award letter minus any loan fees. Yes ___ No _____

TOTAL DUE BEYOND FA AWARD Student acknowledges Financial Aid awards cannot be estimated and are based on text returns filed with the IRS.		1st Payment Not Covered by Aid	2nd Payment	3rd Payment	5th Payment
____	Date Due	_____	_____	_____	_____
	Amount Due (0% interest)	_____	_____	_____	_____

Late charge: There are no late charges. Payments are due upon the due date. Students who are past due 7 days, will be dismissed unless a written payment arrangement is agreed to by both parties and signed by both parties as an addendum to this document. Students who cease to make payments with no agreement may decide to withdraw from the program.

____/____/2015
Date

Student Signature

_____/____/2015
Financially responsible party signature
(if other than student)

____/____/2015
date

School Representative Signature