LAKE REGION STATE COLLEGE-Peace Officer Training Academy PAYMENT PLAN and/or DEFERMENT REQUEST

for SUMMER 2019 TUITION and FEES

The following contract serves two purposes. First, this contract allows for payment of your account balance at LRSC in three (3) installments. Second, if anticipated financial aid is expected to cover 100% of your account balance, this contract serves as a request for payment deferment. If you have an approved third party governmental entity authorization on file in the Administrative Affairs Office providing for 100% of your account balance, you will not be required to complete this contract. This contract cannot be used if any prior unpaid account balance exists. Please note that the Payment Plan is subject to a \$25.00 fee.

Completed contract along with the first payment	•	•		ay 24.
1a) Account Balance				
1b) Estimated Bookstore Charges		+		
1c) Total			=	
2) Financial Aid Anticipated (Grants, waivers, scholarships and loans only.) Signature of Director of Financial Aid verifying (If "0", no signature needed)	g amount of Financial Ai		minus	
3) Remaining Account Balance (Negative number If \$0 or less, skip to Line 8.	r indicates excess Fin. Aid)		=	
4) Monthly Payment Amount (Line 3 divided	by three)		=	
5) Payment Plan Enrollment Fee (Must be remitted with this form.)			plus	25.00
6) Payment Due May 24, 2019 (Line 4 plus	Line 5)		=	
7) Remaining payments (amount listed in Item June 24, 2019 (2nd payment) July 24, 2019 (3rd payment) Note: I will adjust my remaining payment for Instructions). A late fee of 1.75%/per month will consecutive late payments and cause the entire 8) Note: Payments can be made by cash, check, e-check, creations and cause the consecutive late payments and cause the entire	nt) r changes in Financial Aid I be applied to payments is amount to be due. edit card, debit card or wire tr	and/or other Account Ba 30 days past due. My co		he
You may also pay online at the following navigation www.lrsc.edu>MY LRSC>Campus Connection>Sign		ces>Pay Online Now		
9) STUDENT NAME and ADDRESS INFORMA	TION:			
STUDENT ID #			DATE	
STUDENT NAME				
BILLING ADDRESS				
EMAIL ADDRESS				
STUDENT SIGNATURE				

LRSC is an equal opportunity institution.