



Payment Plan Form

To be completed by the student

Please complete both pages. Payment Plans will not be approved if any items on this form are left blank.

This form must be completed and returned to EESA with the Confirmation Deposit payment (CHECK ONE):

- I am including my confirmation deposit with this form: \$600 for semester or \$1,000 for full year
I have already mailed the confirmation deposit to EESA on

Calculate the TOTAL BASE FIGURE (PLEASE PRINT):
\$, . : balance on the original invoice from EESA
- \$, . : anticipated financial aid refund amount: Financial Aid Disbursement Form must be completed
= \$, . : TOTAL BASE FIGURE (fill in the appropriate cell under the chosen Payment Plan below)

I, (Student's name) (Email), request to be considered for the following payment schedule. I personally guarantee payment to EESA for the program fee due for my participation in the program administered by EESA for the following term (complete only the term that is applicable to this request - a separate form must be submitted for each term for full-year participants): (indicate Fall or Spring and year)

I guarantee to make payments to EESA for the program fee according to the chosen schedule. Please review the payment options and mark one of the three plans below.

CHOOSE ONE:

Plan 1: Full Payment before the due date: June 1st for the fall semester and December 1st for the spring semester. I will submit the full payment at once or in several payments at my discretion, but before the deadline above.

Plan 2: Advance Payment with a \$50 discount: I will make payments towards my program under the following schedule and will receive \$50 off the total cost: FOR FALL: Fifty percent of the balance due to be paid by April 1. The next twenty-five percent to be paid by May 1, and the final twenty-five percent to be paid by June 1. FOR SPRING: Fifty percent of the balance due to be paid by October 1. The next twenty-five percent to be paid by November 1, and the final twenty-five percent to be paid by December 1.

Table with 4 columns: Payment Plan, Due Date, Amount Due, and Due Date. Rows include Fall Semester, Spring Semester, and Fill in amounts for each plan.

Plan 3: Deferred Payment with a \$100 charge (due with this Form): I understand that the charge for the Deferred Payment Plan is \$100.00 per semester, to be submitted with this form. For Calendar Year or Academic Year participants, you are required to submit a Payment Plan form and the \$100.00 participation fee for each semester if you wish to continue this payment option for the second semester. I will make payments towards my program under the following schedule:

FOR FALL: Fifty percent of the balance due to be paid by June 1. The next twenty-five percent to be paid by July 1, and the final twenty-five percent to be paid by August 1. FOR SPRING: Fifty percent of the balance due to be paid by November 15th. The next twenty-five percent to be paid by December 1st, and the final twenty-five percent to be paid by December 31st.



Complete the following table if **Plan 3** is chosen:

	50% due on	25% due on	25% due on
Fall Semester	June 1 st	July 1 st	August 1 st
Spring Semester	November 15 th	December 1 st	December 31 st
Fill in amounts	\$ _____, _____ . _____ (Calculate 50% of the TOTAL BASE FIGURE) Due on: ____/____/_____ (Due date from above)	\$ _____, _____ . _____ (Calculate 25% of the TOTAL BASE FIGURE) Due on: ____/____/_____ (Due date from above)	\$ _____, _____ . _____ (Calculate 25% of the TOTAL BASE FIGURE) Due on: ____/____/_____ (Due date from above)
\$ _____, _____ . _____ (TOTAL BASE FIGURE)			

Payment Contact (Required):

Person in the U.S. to be contacted about payment

THIS SHOULD NOT BE A FINANCIAL AID ADVISOR OR SCHOOL REPRESENTATIVE (PLEASE PRINT):

Full Name
_____(____)____ - _____ _____(____)____ - _____ _____
Relationship to Student

Daytime Phone Cell Phone Email

Mailing Address: Street City State Zip code Country

Secondary Payment Contact (Required):

Please note that physical bills will be mailed to the Payment Contact indicated above. We also send updated information via e-mail. In the event you are unresponsive to bills or miss a payment deadline, we will contact the Secondary Payment Contact. We also reserve the right to send periodic reminder account status emails and other communications to the emergency contact you designate in your application form.

Person in the U.S. who can be contacted about payment related items (PLEASE PRINT):

Full Name
_____(____)____ - _____ _____(____)____ - _____ _____
Relationship to Student

Daytime Phone Cell Phone Email

Mailing Address: Street City State Zip code Country

<p>With this Form, I am submitting a check in the following amount:</p> <p>\$ _____, _____ . _____ : Confirmation Deposit included with this form (unless already paid)</p> <p>+ \$ _____, _____ . _____ : Fill in \$100.00 if you checked <input type="checkbox"/> Plan 3 above</p> <p>+ \$ _____, _____ . _____ : Additional payment you wish to make towards your total balance at this time</p> <p>= \$ _____, _____ . _____ : TOTAL AMOUNT INCLUDED</p>

I understand that once a completed Payment Plan Form has been received by EESA, I will be sent an email (within 1-3 business days) that will outline the revised payment schedule for my program fees. I understand that if payments are not made as outlined, I am fully liable for any outstanding program fees, including applicable late fees. I also understand that I am fully liable for all outstanding program fees as determined by EESA's Withdrawal or Deferral Refund policy, should I withdraw from the program before it begins or once it has begun. I understand that I am responsible for ensuring that the fees due to EESA are paid in full, regardless of the status of any financial aid I am awarded.

I understand that I am ultimately responsible for ensuring that my EESA program fees are paid in full.

Student's Signature: _____ Date: _____

Please return the completed form to: Eastern European Study Abroad, PO Box 204, Edwards, CO 81632-0204
Email: info@eesabroad.org