

# WEIMAR

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## I N S T I T U T E

**HEALTH PROGRAM**  
Financial Information Overview  
**2016-2017**

# HEALTH Financial Plan Worksheet

Name: \_\_\_\_\_

Date Prepared: \_\_\_\_\_

## HEALTH Tuition

Charges	Amount	International Student
College Credit	\$7500	\$8000
Certificate	\$6000	

Discounts	Amount
Early Bird Application	\$75
Buddy	\$150

Select the financial plan that you are applying for below:

\_\_\_\_ College Credit

Total Charges (with any discounts): \$ \_\_\_\_\_

List Discounts: \_\_\_\_\_

\_\_\_\_ Certificate

Total Charges (with any discounts): \$ \_\_\_\_\_

List Discounts: \_\_\_\_\_

\_\_\_\_ International Student

Total Charges (with any discounts): \$ \_\_\_\_\_

List Discounts: \_\_\_\_\_

## Source of Funds

Self	\$ _____
Parents	\$ _____
Savings	\$ _____
Sponsors	\$ _____
Total Income	\$ _____
Total Shortage or Excess (Total charges minus total income)	\$ _____

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_