

HEALTH Financial Plan Worksheet

Fall Semester 2024

Name: _____

Date Prepared: _____

	College Credit	Audit
Tuition	\$4,900	\$3,135
Room & Board	\$4,885	\$4,885
Technology Fee	\$445	\$445
Registration Fee	\$115	\$115
Accident Insurance Fee	\$140	\$140
SA Fee (Village Student \$205)	\$175	\$175
Total Fees	\$10,660	\$8,895

Room Deposit	\$200	\$200
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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: _____