

HEALTH Financial Plan Worksheet

Fall Semester 2025

Name: _____

Date Prepared: _____

| | College Credit | Audit |
|--------------------------------|----------------|---------|
| Tuition | \$5,145 | \$3,290 |
| Room & Board | \$5,130 | \$5,130 |
| Technology Fee | \$465 | \$465 |
| Registration Fee | \$120 | \$120 |
| Accident Insurance Fee | \$145 | \$145 |
| SA Fee (Village Student \$205) | \$175 | \$175 |
| Total Fees | \$11,180 | \$9,325 |

| | | |
|--------------|-------|-------|
| Room Deposit | \$200 | \$200 |
|--------------|-------|-------|

| | | |
|---------------------------------|-------|-------|
| 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: _____