Summer Programs

Payment Plan Application

Overview

A three-month payment plan is available for the Grades 6-12 Academic Residential Camp. The amount covered by the plan is equal to the tuition and fees less the tuition deposit and any financial aid received.

Families choosing the payment plan option who do not apply for or qualify for financial aid are assessed a service charge of \$50 for the plan.

Payment Plan Details

- Payments may be paid with check, money order or credit card.
- The first payment is due May 15 (or <u>upon acceptance</u> if after May 15).
- Subsequent payments need to be made monthly on June 15 and July 15.
- If program acceptance occurs after these dates, payment for all previous dates is due immediately.
- You will receive confirmation of your enrollment in the Payment Plan and payment coupons via e-mail.
- Payments must be up to date on Opening Day in order for students to check in for the program.
- No payment plans, for either session, will be accepted after Opening Day of the first session

Applic	cant I	ntorn	nation

Parent or Legal Guardian				
	FIRST	MIDDL	E	LAST
Student's Name				
	FIRST			LAST
Address				
	BOX/ROUTE OR NUM	BER AND STREET		
CITY	STATE	ZIP		
Home Phone ()	E-mail:			
-0.1.00=		1 1: 1 (011)		
Program: ☐ Grades 6-8 ☐	Grades 9-12 🗆 Civic Lea	adership Institute (CLI)		
All payment plan participan	ts must provide valid cred	it card information to be	eligible for the pay	ment plan. A CTD representative will
contact you for a credit card	•			ment plan. II 012 representative vin
,		07	11	
Northwestern Univers	ity policy prohibits th	ne collection of cred	it card number	s, except by phone. Please
provide only your cred	lit card type and expi	ration date on this a	pplication.	
Credit Card Type (choose only	one) □ Visa □ MasterCa	rd □ Discover Expi	ration Date /	(MUST BE VALID THROUGH END OF CALENDAR YEAR)
Certification				
	ent plan to pay the tuition	and fees assessed for my	child to participate	in the CTD Summer Program
if accepted. I have read the is	nformation above and agre	e to abide by CTD's rules	and policies. I furt	her understand that the program will charge my
				hould my child withdraw from the program after
that CTD will charge the rer				bible for completing payments. I also understand
		8	,	₁
SIGNATURE OF PARENT OR LEGAL	GUARDIAN	Γ	DATE	

Keep a copy of this form for your records. Send completed application by email or mail to the address below.