TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Tuition Payment Program Application Form

INSTALLMENT PLAN

Instructions: Trinity College of Nursing & Health Sciences offers students wishing to set up a deferred payment plan the option of making tuition payment in four (4) equal payments due the 15th of each month. Submission of this completed application is due one month prior to the start of the term (July 1st, December 1st, and April 1st). Completed application requires a $25.00 non-refundable set-up fee each semester. Unsigned or incomplete forms will not be accepted. [$100 minimum balance to participate.]

Print Student Name: _____ Date: _____

I hereby make application to participate in this plan for payment of tuition and/or fees resulting from my enrollment for the semester of:

☐ Fall Semester
☐ Spring Semester
☐ Summer Semester

☐ I agree to pay this in four (4) equal installments of :

$ _____ per the following schedule.

Fall Semester (4 payments)	Spring Semester (4 payments	Summer Semester (3 payments)
August 15	January 15	June 15
September 15	February 15	July 15
October 15	March 15	August 15
November 15	April 15	

Payment Information: (note: Each of the four (4) transactions will be processed on the 15th of the month due or on the following business day.

(Check One) ☐ VISA ☐ MasterCard ☐ DISCOVER

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Security Code on back of card: ☐☐☐

Expiration Date: _____ Name as it appears on the card: _____

Print Student Name: _____

A late fee of $100.00 will be charged for each late payment and the above card will be charged the total tuition due to the college. Failure to meet any terms of this payment option will cause cancellation of this option for tuition payment. Should your credit card be "declined" a Financial Hold will be on your account which will prevent further registration and restrict your ability to receive official college documents. Unpaid balances will initiate the collection process. Student will be responsible for any collection fees, including court costs, incurred by the College. Signature implies acceptance of all terms and conditions contained herein.

DEFERMENT PLAN

☐ I have applied for a loan that has been approved but is still being processed. (This information is subject to verification by the Financial Aid Specialist.)

Type of loan(s) _____

Amount of loan(s) $ _____

Signature of Financial Aid Specialist _____ Date: _____

Signature of Student _____ Date: _____

TRINITY MEDICAL CENTER PAYROLL DEDUCTION PLAN

I, _____, hereby authorize the Trinity Medical Center payroll department to payroll deduct my Trinity College of Nursing & Health Sciences tuition and fees; a total of _____ per pay period. This amount ensures that I will make tuition payments in four (4) equal payments due the 15th of each month.

Additionally, this amount includes the $25.00 non-refundable set-up fee each semester

Signature of Bursar: _____ Date: _____

Signature of Student: _____ Date: _____