

2009-2010 PAYMENT PLAN APPLICATION

Complete and return this application ONLY if you choose to pay in monthly installments. If you will pay in full each semester, you DO NOT need to return this application.

Payment plans will only include tuition, room and board. Lab fees will be billed separately. Books, supplies and student health and/or accident insurance will not be included in the payment plans. **If you have any questions, please contact us at: (509) 313-6812.**

Please PRINT - Inaccurate or incomplete information will result in a payment miscalculation. Please be careful!

PAYMENT PLANS

(payment plan will not be processed without application fee)

| (check one) | Payment Plan | Payment Period | Application Deadline* | Non-Refundable Fee |
|-------------|--------------------------|------------------------------|-----------------------|--------------------|
| _____ | 10-Month Note | July 1st - April 1st | 06/01/2009 | \$ 65.00 |
| _____ | 8-Month Note | September 1st - April 1st | 08/03/2009 | \$100.00 |
| | December Graduates Only: | | | |
| _____ | 5-Month Note | July 1st - November 1st | 06/01/2009 | \$ 32.50 |
| _____ | 4-Month Note | September 1st - December 1st | 08/03/2009 | \$ 50.00 |

** If your Admissions acceptance date is after the payment deadline, you have two weeks from your acceptance date to submit the application.*

STUDENT _____ **ID#** _____
 (Last) (First) (M.I.)

Birthdate _____ **Driver's license #** _____ **State** _____

BILLING CONTACT INFORMATION

Name _____
 Street _____
 City _____ State _____
 Zip _____ Telephone _____
 E-mail address _____

STUDENT CAMPUS MAIL OR OFF-CAMPUS ADDRESS

Street _____
 City _____ State _____
 Zip _____ Telephone _____

PARENT/ GUARDIAN/SPOUSE

Mother _____ Address _____ Phone (hm) _____ Phone (wk) _____
 Father _____ Address _____ Phone (hm) _____ Phone (wk) _____
 Spouse _____ Address _____ Phone (hm) _____ Phone (wk) _____

STUDENT'S EMPLOYER _____ Telephone _____

PERSONAL REFERENCES (Other than Parent or Guardian)

Name _____ Telephone _____
 Address _____ City _____ ST _____ Zip _____
 Name _____ Telephone _____
 Address _____ City _____ ST _____ Zip _____

PRIOR ATTENDANCE AT GONZAGA Yes _____ No _____

ENROLLMENT STATUS (check one)

_____ Full Time Undergraduate (12-18 credits) _____ Graduate/Post-Baccalaureate
 _____ Part Time Undergraduate _____ School of Law
 _____ Bachelor of General Studies _____ Doctoral Program

Number of Credits: Fall _____ Spring _____
Full time undergraduates are not required to indicate the number of credits.

STUDENTS STUDYING ABROAD

Please indicate program location _____
 Please check one: Academic year _____ Fall only _____ Spring only _____
Semester only Florence students, please check one of the following: _____ *I will attend the Christmas tour*
 _____ *I will not attend the Christmas tour*

HOUSING (check one) _____ On-Campus _____ Off-Campus

If living on campus please indicate location:

| | | <u>Residence Hall</u> | | <u>Apartments</u> | |
|----------------|-------|-----------------------|-------|-----------------------|-------|
| Double | _____ | Dillon/Goller Double | _____ | Dussault/Burch Double | _____ |
| Single | _____ | Dillon/Goller Single | _____ | Dussault/Burch Single | _____ |
| Premium Single | _____ | Twohy Double | _____ | Kennedy Single | _____ |
| Triple | _____ | Twohy Single | _____ | Kennedy Prem. Single | _____ |
| | | Cincinnati Villa | _____ | | |
| | | | | 301 Boone/1 bdrm | _____ |
| | | | | 301 Boone/2 bdrm | _____ |
| | | | | 418 Sharp Apt. | _____ |
| | | | | Corkery Apt. | _____ |

MEAL PLAN (check one)

| | | | | | |
|----------|-------|--------|-------|---------------|-------|
| Platinum | _____ | Silver | _____ | Copper Dinner | _____ |
| Gold | _____ | Bronze | _____ | Copper Lunch | _____ |

WORK-STUDY RECIPIENTS: Work-Study funds will be paid directly to the student in amounts dependent upon hours worked and **will not be included in your installment plan.**

FINANCIAL AID: If your financial aid award meets or exceeds your total charges, **STOP.** You are not eligible for a payment plan. If your award does not exceed charges read on.

Payment will be based on **accepted** financial aid (excluding Work-Study and Parent Plus loans). If you have not yet received your financial aid award letter, and you wish to apply for a payment plan, it is still mandatory that you submit this application by the deadline. **It is YOUR responsibility to contact Student Accounts when you have been awarded.** List all accepted aid from your Financial Aid Award Letter, excluding Work-Study and Parent Plus loans. If a Parent Plus loan is received it will be used to pay off the balance of the student account before any refund will be made. **IF YOUR FINANCIAL AID PACKAGE CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY STUDENT ACCOUNTS TO HAVE YOUR PAYMENT MODIFIED.**

| FINANCIAL AID | | | | | | | |
|---------------|--------|--------------|--------|----------------|--------|--|--|
| Grants | | Scholarships | | Student Loans* | | | |
| Type | Amount | Type | Amount | Type | Amount | | |
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*AMOUNT WILL BE ESTIMATED DUE TO VARYING LOAN AND ORIGINATION FEES.

- ❖ If you will pay in full each semester, you DO NOT need to complete and return this application.
- ❖ Payment plans will not be processed without the application fee.

By signing this form I agree that in the event that my promissory note payments are delinquent that my employer and/or personal references may be contacted for purposes of locating me. I hereby certify that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

After June 1, 2009, 10 month payment plan applications will not be accepted, and students may apply for an 8 month payment plan. Applications received after the August 3, 2009, deadline will result in a \$150.00 late application fee. Applications will not be accepted when there is a prior semester balance owing. You must reapply and pay the application fee for each academic year. Payment plans do not carry over to the next academic year.

Mail the completed application and fee to:
 GONZAGA UNIVERSITY
 STUDENT ACCOUNTS
 PO BOX 3463
 SPOKANE WA 99220