CALDWELL COLLEGE BURSAR PAYMENT WORKSHEET
FALL SEMESTER, 2009

This form *Must* be completed, signed, and returned by August 10th , in order to secure your place in class.

Name: _____ ID# _____

Daytime Phone: _____ E-Mail Address_____

1. Enter the "Amount Due" from the enclosed statement on Line 1 **……** _____
Line 1

2. Less Grants, Scholarships and Tuition Discounts applied for at Registration *Not Already Showing* on the Bill as Unapplied: (You may copy the amounts from your Award Letter or access your Financial Aid Award online.)

NAME OF AWARD	**DOLLAR AMOUNT (**Fall Semester Only)
Pell Grant	_____
Federal Supplemental Grant	_____
NJ Tuition Aid Grant (*Must be full time*)	_____
Other Aid or Discounts (*Please List*)	_____

3. TOTAL GRANTS, SCHOLARSHIPS AND DISCOUNTS.. _____
Line 3

Less Loans not showing on the bill, which you have applied and been Approved for: *(Single semester Amt.)*
Federal Stafford Loan (See Award for Amount) _____
Alternative Loan: Type of Loan_____ Amt. _____

4. TOTAL LOAN AMOUNT FOR FALL SEMESTER …… _____
Line 4

5. PAYMENT PLAN – If you have joined the Tuition Management Systems, Three Payment Plan, please enter your TMS account # here _____

6. COMPANY BILLING/REIMBURSEMENT REQUEST (Please check one)

_____ I am awaiting reimbursement from employer to pay for this semester. Check will be forthcoming within two to three weeks of the start of the semester.

_____ Please bill my company directly for up-front payment. I have attached the proper voucher (***please attach company billing authorization form, including company name, address, and telephone #)***

7. TOTAL PAYMENT DUE (AFTER AUGUST 10th , ADD A $75 LATE FEE)
(Deduct all credits from Line 1) **……** _____
(If you do not owe any money you must still return this paper by the Due Date) ***Pay this Amount***

For Credit Refunds
Please check one: Refund to Student _____ Leave on Acct _____

**** All refunds will be mailed to the legal permanent home address on file.***

SIGNATURE REQUIRED: *"I understand that if there is an outstanding balance by the end of the semester, this account will be placed in collection, and I will be responsible for any collection costs incurred".*

_____ _____
Student Signature Date