CALDWELL COLLEGE BURSAR PAYMENT WORKSHEET
FALL SEMESTER, 2009

This form Must be completed, signed, and returned by AUGUST 10th in order to attend class.

Student Name: _____ ID# _____

Daytime Phone: _____ E-Mail Address _____

1. Copy the "Amount Due" from the enclosed invoice on Line 1 **……** _____
Line 1

Insurance Waiver:

2. If you have your own Health Insurance, fill in the information and subtract the $180 on Line 2. ..... _____
Line 2

Insurance Company _____ ***Policy Number*** _____

3. Less Grants and Scholarships *Not Already Showing* On the Bill As Unapplied: (You may copy the award and amount from your Award Letter OR Access your Financial Aid Award Online. Do NOT list loans in this section).

NAME OF AWARD	**DOLLAR AMOUNT (Fall Semester Only)**
Pell Grant	_____
Federal Supplemental Grant	_____
NJ Tuition Aid Grant	_____
NJ Blaustein/Urban Scholarship	_____
EOF Grant	_____
Caldwell College Grant	_____
Caldwell Athletic Scholarship	_____
Caldwell Academic Scholarship	_____
Presidential Scholarship	_____
Workstudy (Cannot be deducted from the bill	XXXXXXXXXXXXX
Other Sources (List Name and Amt.):	
_____	_____

TOTAL GRANTS AND SCHOLARSHIPS …… _____
Line 3

4. Less Loans not showing on the bill, which you have applied and been approved for: *(Single semester Amt.)*

Federal Stafford Loan (See Award Letter for Amount) _____
Federal PLUS Loan (Parent Loan) _____
Alternative Loan:
Type of Loan:_____ Amt: _____

TOTAL LOAN AMOUNT FOR FALL SEMESTER …… _____
Line 4

5. If you have already joined a 10-month payment plan through Tuition Management Systems, enter your Term 1 Budget (Half the Annual Budget) on Line 5 ..... _____
Line 5

6. SUBTRACT ALL CREDITS AND ENTER TOTAL:
(Add Line 2, 3, 4, and 5, and enter Total on Line 6) **……** _____
(If line 6 is greater that line 1, no payment is due at this time; otherwise, go to step 7) ***Line 6***

7. TOTAL PAYMENT DUE (AFTER AUGUST 10th ADD A $75 LATE PAYMENT FEE)
(Charges Minus Credits: Line 1 Minus Line 6) **……** _____
Pay this Amount

**** Check One: Refund any Credit to Student*** _____ ***Hold Credit Over for Next Semester*** _____
(All Refunds will be Mailed to the Legal Home Permanent Address on File)

REQUIRED SIGNATURES:"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 cost incurred."

_____ _____
Student Date Parent or Guardian Date

Office Use Only: Date Received Cleared By: