

**CALDWELL COLLEGE BURSAR FOREIGN 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, you must complete the enclosed Health Waiver Form signed by Heather Eaton- Dwyer. Deduct \$355 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)
Dominican Scholarship	_____
International Scholarship	_____
Caldwell College Grant	_____
Caldwell Athletic Scholarship	_____
Caldwell Academic Scholarship	_____
Presidential Scholarship	_____
Campus Employment (RA)	_____

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.)

Alternative Loan:

Type of Loan: _____ Amt: _____

TOTAL LOAN AMOUNT FOR FALL SEMESTER _____ **Line 4**

5. SUBTRACT ALL CREDITS AND ENTER TOTAL:

(Add Line 2, 3 and 4 and enter Total on Line 5)..... _____ **Line 5**
(If line 5 is greater than line 1, no payment is due at this time; otherwise, go to step 6)

6. TOTAL PAYMENT DUE (AFTER AUGUST 10th ADD A \$75 LATE PAYMENT FEE)
(Charges Minus Credits: Line 1 Minus Line 5) _____ **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: _____