

## **STUDENT PAYMENT PLAN**

Iļisaģvik College Business Office PO Box 749 Barrow, AK 99723 907-852-1834 businessoffice@ilisagvik.edu

STU	JDE	NT NAME: First					
				ID #.	Last		
LAS	ol 4	SSN:	STUDENT I	D #:			
EM	AIL:			PHONE:			
ADI	DRE	SS:					
		Street/PO Box	City	Sta	te	Zip	
payn \$500 This of re	nent ). The inclu com	of Ilisagvik College debts. To College reserves the right ides, but is not restricted to mendation, registration, an	te Student Debt Policy is designed the College will enforce payment age to withhold services from student, the ability to enroll in further class distudent services such as room an ature by the College President and	greements f s who have sses or work and board.	for those who have not met their fir kshops, receipt of	re debts exceeding nancial obligations transcripts, letters	
	<b>✓</b>	Account Balance	Non-Active Student	Acti	ive Student		
		\$0 - \$2500	\$250/month	\$125	5/month		
		\$2,501 - \$5,000	\$400/month	\$150	D/month		
		\$5,001 - \$7,500	\$500/month	\$175	5/month		
		\$7,501 - \$10,000	\$600/month	\$20	0/month		
		\$10,001 and up	\$750/month	\$250	0/month		
			Day of the m				
Card #:			Exp. D	)ate:	CSC/C\	<b>/</b> :	
Car	dho	older Name (please pr	int):				
Car	dho	older Signature:					
•   •   •   •	agre agre agre furthe	thorizes the Ilisagvil ee to the minimum monthly ee to schedule and complete er debt and remain in good glect to make two payment	a one-on-one meeting with the Fi	to make nancial Aid a row are de	office to strategizeclined, this agreer	noted above.  e how to avoid  ment is nullified	
STU	JDE	NT SIGNATURE:			DATE:		
BUS	SINE	ESS OFFICE SIGNATU	RE:		DATE:		
CFO	Sign	ature	Date: President Sig	ınature		Date:	