



Payment Options and Tuition Assistance

A minimum of \$25 must accompany this form in order to begin the enrollment process. Payments must be received two weeks before the start date of the session. If you have questions, please call (541) 349-5055 ext. 236 or e-mail jobs@northwestyouthcorps.org.

Now, Pay online with our secure Payment page at: <https://www.nwyouthcorps.org/payment.html>

Participant: _____ County: _____

Address: _____
Number Street City State Zip

Phone Number: _____ E-Mail: _____

Tuition Payment Options:

1. **Credit Card:** Please charge my MasterCard Visa

Card # - - - Auth. # (Last 3 digits on signature strip)

Name on card: _____ Exp. /

Signature: _____ Date: _____ Amount charged: \$ _____

2. Payment Plan:

You may pay in up to four installments. All tuition payments must be completed at least two weeks before the beginning of the program. At least \$25 must be sent with your paperwork in order to hold a slot in one of our programs.

	Payment encl. (at least \$25):	\$ _____
	Installments	Date
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____

3. Tuition Assistance:

- **Please send in \$25 with your paperwork** and fill out the section below. Verification of employment is required. When we receive your initial payment and paperwork, we will contact you to award financial aid and/or set up a payment plan for the balance of your tuition.

- **Please list all family members** (living in the household currently or during the last 30 days) with their monthly income. Use the back of this sheet if you need more space. Include income from:

Gross wages or salary ASI (Social Security) Self employment income Retirement All other pensions
 Insurance policy annuities Alimony/child support Interest income All other sources

Name	Relationship	Type or source of income	Monthly amount

Total number of family members: _____ Total household monthly income: _____

Certification Statement

I certify that the information provided in this application is true to the best of my knowledge. I am aware that I am subject to immediate termination if I am found to be ineligible after enrollment and I may be prosecuted for fraud and/or perjury for intentional misrepresentation. I also grant permission to Northwest Youth Corps to contact appropriate personnel and agency sources and have them release information, which may be used to verify eligibility requirements for financial assistance.

 Signature of Applicant Date

 Signature of Legal Guardian Date

For office use only: Qualifies Yes No Grant Name _____ Award Amt _____ Mgr. Sig. _____