



Payment Plan Agreement Form

Date: _____

Contact Information:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Course Information:

Name: _____

Date: _____

Cost: _____

Description	Amount	Due Date	Acknowledgement
Deposit			
Payment 1			
Payment 2			
Payment 3			
Payment 4			

I, _____, agree to the above payment plan with The Learning Center at Red Willow.

Student Signature

Staff Signature

*Your scholarship information will be held for a year, pending an annual scholarship status review.
All information provided is confidential, and your privacy will be protected.*