

**For Office use only:**  
Approved YES / NO  
Condition for approval:  
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Staff Initial:

**Payment Plan Application (2017)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Payment Plan Details:**

1. FALL 2016                  WINTER 2017                  SPRING 2017
2. Total amount outstanding at time of request:
3. Length of extension requested:
4. Please provide number of payments, amount for each payment, and date for each payment you will make during the extension towards your balance (*i.e, 3 payments of \$312.00 to be made on Jan 15, Feb 15, and Mar 15, 2017*)
5. Reason for request (If you'd rather provide this information over the phone or email, please contact our Manager of Student Services):

**Student Financial Account Status**

1. Are you currently on a payment plan with Carey Theological College? YES  /NO
2. Have you made the deposit (\$100.00) payment towards the tuition for which you are requesting a payment plan? YES  /NO
3. Have you made a first payment towards your tuition for which you are requesting a payment plan? YES  Please indicate amount \_\_\_\_\_ /NO
4. Have you been approved and/or are receiving financial aid (CBWC Tuition Subsidy OR Financial Aid) from Carey Theological College? YES  /NO
5. If applied but not yet received, please provide term of application:
6. I covenant to work diligently to complete my studies and make every effort to do so to the best of my ability. (Please initial)

Signature \_\_\_\_\_ Date of application \_\_\_\_\_

**Please complete and return to the Student Services Office, Carey Theological College, 5920 Iona Drive, Vancouver, BC V6T 1J6. 604.225.5901 or [registrar@carey-edu.ca](mailto:registrar@carey-edu.ca)**