

SUMMER ACADEMY 2010 FLEXIBLE PAYMENT PLAN

Student's Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Please provide us with the payment plan that works best for you. No bills will be sent. Tuition must be paid in full **by Friday, May 14, 2010.**

Date to be Mailed	Amount to Mailed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

please return this top portion with SA student application

-----  
*(cut here)*

Please provide us with the payment plan that works best for you. No bills will be sent. Tuition must be paid in full **by Friday, May 14, 2010.**

Date to be Mailed	Amount to Mailed
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

please save this bottom portion for your records