Trinity College of Nursing
& Health Sciences
UnityPoint Health

Tuition Payment Program Application Form

INSTALLMENT PLAN

Instructions: Trinity College of Nursing & Health Sciences offers students wishing to set up a deferred payment plan the option of making tuition payments due the 15th of each month. Submission of this completed application is due one month prior to the start of the term (July 1st, December 1st, and April 1st). Completed application requires a $25.00 non-refundable set-up fee each semester. Unsigned or incomplete forms will not be accepted. [$100 minimum balance to participate.]

Print Student Name: _____ Date: _____

I hereby make application to participate in this plan for payment of tuition and/or fees resulting from my enrollment for the semester of:

☐ Fall Semester
☐ Spring Semester
☐ Summer Semester

☐ I agree to pay
$ _____
per the following schedule.

Fall Semester (4 payments)	Spring Semester (4 payments	Summer Semester (3 payments)
August 15	January 15	May 15
September 15	February 15	June 15
October 15	March 15	July 15
November 15	April 15	

PAYMENT INFORMATION:

Credit or Debit Card: Payments can be made in person at the Student Services Office. If you wish to make your payment over the phone you can also do that by calling (309) 779-7700.

Check or Cash: Payments can be made in person at the Student Services Office.
Checks can also be mailed to Trinity College of Nursing & Health Sciences - 2122 25th Ave. Rock Island IL 61201.

Student Signature: _____

A late fee of $30.00 will be charged for each late payment. Failure to meet any terms of this payment option will cause cancellation of this option for tuition payment and a financial hold will be placed on your account which will prevent further registration and restrict the ability to receive official college documents. Unpaid balances will initiate the collection process. Students will be responsible for any collection fees, including court costs, incurred by the College. Signature implies acceptance of all terms and conditions contained herein.

DEFERMENT PLAN

☐ I have applied for a loan that has been approved but is still being processed. (This information is subject to verification by the Financial Aid Specialist.)

Type of loan(s) _____

Amount of loan(s) $ _____

Signature of Financial Aid Specialist _____ Date: _____

Signature of Student _____ Date: _____

TRINITY MEDICAL CENTER PAYROLL DEDUCTION PLAN

I, _____, hereby authorize the Trinity Medical Center payroll department to payroll deduct my Trinity College of Nursing & Health Sciences tuition and fees; a total of _____ per pay period. This amount ensures that I will make tuition payments in four (4) equal payments due the 15th of each month.

Additionally, this amount includes the $25.00 non-refundable set-up fee each semester

Signature of Bursar: _____ Date: _____

Signature of Student: _____ Date: _____