



## TUITION PAYMENT AGREEMENT

The Tuition Payment Agreement is a contract between the **STUDENT** and Scripps College, and every student is required to sign and return this form to the Scripps Office of Student Accounts as a condition of being allowed to register for and attend classes at Scripps. Under this contract, it is the primary responsibility of the **STUDENT** to pay all tuition, room, board and other fees due to Scripps. By signing below, the **RESPONSIBLE BILLING PARTY** agrees to be a guarantor of all tuition, room, board and other fees due to Scripps. Nevertheless, the **STUDENT** is the only person to whom Scripps owes contractual obligations and the **STUDENT** at all times remains primarily responsible to ensure payment to Scripps of all amounts due on the **STUDENT'S** Scripps Student Account statement.

Satisfactory arrangements for the payment of the total charges for each semester's tuition, room, board and other fees (less financial aid, if any) **MUST** be made prior to the first day of classes. Satisfactory arrangements are (1) timely payment pursuant to the Full Payment Plan; or (2) selection of the Monthly Payment Plan **AND** payment of all monthly installments which are billed on the **STUDENT'S** Scripps statements prior to the first day of classes. The Monthly Payment Plan is a privilege, which may be revoked for cause. Under either payment plan, all payments/installments are due and payable in full upon receipt of each statement and become delinquent after the 6<sup>th</sup> day of the month they are due. Delinquent accounts are subject to a late charge of one percent (1%) of the past due amount each month the account is delinquent. In addition, all past due charges from the previous semester **MUST** be paid prior to registering for and attending classes in the next semester.

By signing this Tuition Payment Agreement, the **STUDENT** (and, if applicable, the **RESPONSIBLE BILLING PARTY**) agrees to pay all reasonable collection costs, including reasonable attorney fees and collection agency fees, incurred to collect any delinquent accounts. In the event of withdrawal from Scripps, refunds will be made in accordance with the policy stated in the Scripps Catalog.

### INITIAL YOUR PAYMENT CHOICE:

\_\_\_\_\_ **Full Payment Plan (No Fee) – STUDENT** promises (and, if applicable, the **RESPONSIBLE BILLING PARTY** guarantees) to pay the total charges for each semester's tuition, room, board and fees (less financial aid) prior to the beginning of each semester per the due date on the **STUDENT'S** Scripps statement (Fall semester due August 1; Spring semester due January 1) and to pay any additional special fees, miscellaneous charges or other amounts due (including amounts due as a result of changes in financial aid amounts) and billed on the **STUDENT'S** monthly Scripps statements on or before the due dates on such monthly statements.

\_\_\_\_\_ **Monthly Payment Plan (Fee) – STUDENT** (and, if applicable, the **RESPONSIBLE BILLING PARTY**) applies for the Monthly Payment Plan, which is subject to a \$50 service charge per semester. **STUDENT** promises (and, if applicable, the **RESPONSIBLE BILLING PARTY** guarantees) to pay the total for each semester's tuition, room, board and fees (less financial aid) in four (4) installments per semester (Fall semester due August 1 through November 1; Spring semester due January 1 through April 1). Such installments will be recalculated each month and may change due to the addition of special fees, miscellaneous charges, credits or changes in financial aid amounts.

STUDENT NAME (please print) \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

Billing Name(s) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to student: \_\_\_\_\_

STUDENT Signature

(Required) \_\_\_\_\_ Date \_\_\_\_\_

RESPONSIBLE BILLING PARTY Signature

(If guarantor) \_\_\_\_\_ Date \_\_\_\_\_

Please inform the Scripps College Office of Student Accounts in writing at the address below, or via email or fax, of any changes to the billing name, address or payment option. The account must be current for any payment option changes to be made. This Tuition Payment Agreement will remain in effect as long as the **STUDENT** is enrolled at Scripps College. Scripps College or the **STUDENT** may cancel this Agreement as to any future semester by giving written notice of cancellation to the other not less than 60 days before the first day of classes for such semester.

### PLEASE RETURN COMPLETED FORM TO:

SCRIPPS COLLEGE \* OFFICE OF STUDENT ACCOUNTS ,1030 COLUMBIA AVENUE, MAILBOX 2001 , CLAREMONT, CA 91711  
OR FAX: 909-621-8775 \* OR email: [Scripps\\_student\\_accounts@Scrippscollege.edu](mailto:Scripps_student_accounts@Scrippscollege.edu)