



CONSERVATIVE THEOLOGICAL SEMINARY

12021 Old St. Augustine Road

Jacksonville, FL 32258

Phone (904)-262-8275

1-800-GO-BIBLE (Admissions Only)

Date Submitted
Date Received

Application for Finance Agreement

(Please Print or Type)

Student Information

Student ID# (SS#) _____ - _____ - _____ Date: _____

Degree Level: _____ Institute _____ Associates _____ Bachelor _____ Masters _____ Doctoral

Name (last, first, middle) : _____

Home Address _____

City _____ State _____ Zip Code _____

Current Mailing Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Message Phone () _____ E-Mail _____

Check here if this is a new address or telephone number.

Please Read Carefully:

The Alternative Payment Plan allows the student to contract with the Seminary for regular payments toward tuition only, to defer full payment at the time of registration. A one & one half (1 1/2%) service charge on the balance is assessed monthly by the Seminary.

I request CTS to finance a total \$ _____ for my Associate; Bachelor; Masters; Doctoral level studies. Academic hold shall be placed on any account with balances not in accord with this agreement or unpaid monthly payments.

Minimum monthly payments must be at least **\$100.00** for Undergraduate level students, **\$150.00** for Masters level students, and **\$275.00** for Doctoral level students. Payments must be made by check or money order. Actual payment amount is determined by amount financed and length of time. I, _____, therefore understand, submit and agree to the following

type or print your name

payment plan for my tuition expenses in order to defer full payment at the time of registration:

MINIMUM PAYMENT: I agree to pay each month the amount of \$ _____ until current tuition contract is paid in full.

PAYMENT DUE DATE: (Day of the month upon which payment will be made) 1st or 15th (circle one)

BEGIN DATE: (The date on which payments will begin. Must be 30 days of Registration) _____

NOTICE: A separate financial, term payment contract must be signed with this agreement.

Student Signature: _____ Date: _____

Do Not Write Below This Line

CTS AUTHORIZED APPROVAL SIGNATURE

SIGNATURE: _____ POSITION: _____

DATE: _____ FILE: _____