



Email this form to: mdaldinger@gmail.com
or mail to:
Michael Aldinger
9626 Allegheny Drive,
Sacramento, CA 95827

LIFEWAYS CONTINUATION PROGRAM, KIMBERTON, PA 2018-19

APPLICANT NAME: _____ **DATE:** _____

NOTE: To earn the **Pioneer Discount of \$500**, student's application and \$100 registration fee must be received AND Payment Plan must be approved, signed and returned **by January 2, 2018**. For **Early Bird Discount of \$225** (after January 2) student's application and \$100 registration fee must be received AND Payment Plan must be approved, signed and returned **by March 30, 2018**

PAYMENT PLAN OPTIONS (make adjustments if discount applies)

OPTION ONE – Pay in Full (make adjustments if discount applies)

_____ Enclosed is a check to LifeWays North America or credit/debit card **authorization** (provide card info below) for \$8200 which covers \$6950 tuition and \$1250 practicum and supply fees.

OPTION TWO - Installment Payment Plan (adjustments will be made if discount applies):

_____ Enclosed is a check to LifeWays North America or credit/debit card **authorization** (provide card info below) for half of the tuition and fees (\$4100) **AND** I will pay the remaining \$4100 with the following payment plan:

___ two payments of \$2050 to be paid on the following dates: _____

___ six payments of \$684 to be paid by the 15th of the month on the following months: _____

___ eighteen payments of \$228 to be paid by the 15th of each month starting _____ and ending _____.
mo/yr mo/yr

CHOOSE ONE:

___ Please charge my credit/debit card for half of the tuition now and the remaining payments on each of the above listed dates.

___ Enclosed is a check for half of the tuition. Please charge my credit/debit card for the remaining payments on each of the above listed dates.

OPTION THREE – Customized Payment Plan

If you need to discuss creating a payment plan other than the options listed above, please contact Michael Aldinger at 405-343-7211 as soon as you have applied. A \$100 service fee is assessed for customized plans beyond 18 months.

Note: Students must have a signed and approved payment plan on file at the home office and have made their first payment prior to the first day of training or a \$50/week late fee will be charged.

___ I agree to the above-checked payment plan and authorize charges as indicated.

Name on card _____ Date: _____

Billing Address: _____
(Street address, city, state and zip code.)

Cell Phone _____ Second Number _____
(Please include area code)

E-mail address _____

Circle: Debit, Visa, MC, Amex, Discover #: _____ Expiration Date _____

Numbers on back of card _____ Signature: _____

If creating a custom payment plan (Option Three above) , the completed plan must be signed and returned to the address at the top of this form within five (5) days of your receipt of it, or the plan will be considered null and void. Thank you.

For questions about this form contact: Michael Aldinger (405) 343-7211 mdaldinger@gmail.com