



1468 Scott Valley Dr.  
 Scottsburg, IN 47170  
 (812) 754-0500

## EMT Course Financial Agreement

Last Name:	First Name:	M.I.:	Phone #: (    )
Address:			Email:
City:	State:	Zip:	

**Costs:**

- Tuition - \$750 (Includes: T-Shirt, Hoodie & ID Badge)

### Payment Options *(Select Payment Options)*

	Full Payment (Tuition & Materials Fee) - \$750
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	Payment Plan
	a) Application Submission (No later than 12/14/19)- \$200 deposit DUE the same day
	b) February 5, 2019 - \$200 payment DUE
	c) March 5, 2019 - \$200 payment DUE
	d) April 2, 2019 - \$150 payment DUE

I, \_\_\_\_\_, acknowledge the financial obligation of the course, in accordance with the selected payment options with a \$200 deposit due at the time of my application submission (no later than 12/15/2017). I acknowledge that all payments made are non-refundable and once I begin the course that I am committed to paying the full tuition despite if I am removed from class, withdraw, or fail to pass the course. I also acknowledge that the tuition payment does NOT include the cost of the textbook, which will be left to my discretion to purchase through the training institute or on my own.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_