



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 - \$850 (Includes: T-Shirt, Hoodie & ID Badge)

Payment Options *(Select Payment Options)*

	Full Payment (Tuition & Materials Fee) - \$850
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	Payment Plan
	a) Application Submission (No later than 07/01/2019)- \$250 deposit DUE the same day
	b) August 15, 2019 - \$200 payment DUE
	c) September 12, 2019 - \$200 payment DUE
	d) October 10, 2019 - \$200 payment DUE

I, _____, acknowledge the financial obligation of the course, in accordance with the selected payment options with a \$250 deposit due at the time of my application submission (no later than 07/01/2019). 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: _____