CONDITIONS OF AGREEMENT

1. Previous student account balances must be paid in full.

2. Enrollment fee of $35.00 will be charged for this service, please send with application; this applies to new and returning students. If you allow MNU to draft an automatic bank withdrawal, this fee will be waived (see payment box on flip side).

3. Applications received after July 23, 2010 will not be accepted.

4. Monthly payments are due on the 1st of each month beginning June, 2010. A late fee of $20 will be charged if the monthly payment is not received by the 10th of the month.

5. Payments will be based on estimated charges for the fall and spring semesters, and financial aid that the office of Student Financial Services indicates as being complete. This does not include summer classes or winter term.

6. Recalculations will take place in November and February for each applicant on the Even Payment Plan. If the applicant is aware of any changes that would affect the monthly payment, additional recalculations may be requested. Please estimate your credits as correctly as possible. This will reduce any drastic changes during recalculations.

7. The student agrees to allow any credit balance of the fall term to stay on the account until the spring semester is paid in full.

8. The applicant may cancel this agreement by notifying Cashier & Student Account Services in writing. The University will provide refunds according to the refund schedule published in the University Catalog.

9. MidAmerica Nazarene University may cancel this agreement by notifying the applicant in writing if any monthly payment is more than 30 days late.

10. Official transcripts cannot be released until all accounts are paid in full.

AGREEMENT: I agree to pay MidAmerica Nazarene University 12 monthly installments beginning June 1, 2010. I further agree to comply with the conditions stated in this application. I understand that the monthly payment is estimated and may be adjusted to reflect any changes in the financial aid or student charges. I agree to pay any balance due on the student account at the end of the academic year.

Signing below indicates that I have read and agree to the terms above.

Student’s Signature _____________________________________ Date__________________

Bill Payer’s Signature _____________________________________ Date__________________

MAIL COMPLETED FORM AND $35 TO:
MidAmerica Nazarene University
Cashier & Student Account Services
2030 E College Way
Olathe, KS  66062
**Even Payment Plan Application**

**PLEASE PRINT**

---

**ID# __________________ Student Name_____________________________ SS# ______ - ____ -_______**

---

**Bill Payer’s Information**

**Bill Payer Name**: ___________________________

**Address**: __________________________________

__________________________________________

**Day Phone Number**: ______________________

**Home Phone Number**: ______________________

**Email Address**: __________________________

---

**ESTIMATED ANNUAL CHARGES (2010-2011)**

1. _______ Tuition: BLOCK - $19250 (12-17 hrs/semester)
   (Hours under or over block are $645 per hour)

2. _______ Residential Options (Circle One)
   - Dorm: 
     - 20 Meals/220 block: $7078
     - 14 Meals/175 block: $6750
   - Apartment: 
     - 20 Meals/220 block: $7210
     - 14 Meals/175 block: $6882
   - MUST HAVE 88 HOURS COMPLETED FOR THE FOLLOWING
     - 7 Meals/90 block: $5242
     - 5 Meals/60 block: $4844

3. _______ Required Fees if taking six or more hrs/semester
   - On-Campus (General Fee/Tech Fee) - $1000
   - Off-Campus (General Fee/Tech Fee) - $730

4. _______ Other Fees: Please check all that apply
   - Lab Fee varies by course - $5 - $130
   - Graduation Fee - $70
   - Student Teaching - $120
   - Private Lesson Fee - $300 (credit hour)
   - Nursing Clinical Fee - $600 (semester)
   - Nursing Testing Fee - $110 (semester)
   - Nursing Lab Fee $75

**TOTAL CHARGES** Lines 1-4 $__________

(copy amount of total charges to box to the right)

**ESTIMATED ANNUAL CREDITS (2010-2011)**

5. _______ Direct Subsidized Stafford Loan
6. _______ Direct Unsubsidized Stafford
7. _______ PLUS Loan
8. _______ Perkins Loan
9. _______ Alternative Loans (minus fees if applicable)
10. _______ Pell Grant
11. _______ SEOG Grant
12. _______ Kansas Comprehensive Grant
13. _______ Nursing Student Loan
14. _______ Total MNU Scholarships and Endowments listed ON Award Letter (Identify)
15. _______ Total MNU Scholarships NOT listed on Award Letter (attach copy of letter of intent to participate in sport if not on award letter)
16. _______ Church Award (actual Church Payment)
17. _______ MNU’s Church Match ($750 maximum for zone participating churches)
18. _______ Scholarships from outside organizations Specify name, amount, and attach details.

**TOTAL CREDITS** Lines 5-18 $__________

(copy amount of total credits to the box below)

This calculation is only an estimation for the Fall and Spring.

---

**If you would like to authorize automatic payments, please fill out the appropriate information below and sign.**

For Visa Card, MasterCard or Discover Card payments (circle one):

**Card #:_______ _______ _______ _______ Exp. _______**

For Checking or Savings Account payments (circle one):

**ABA Routing #_________ Acct #_________**

**Signature________________________________________**

---

+ **TOTAL CHARGES** $__________

- **TOTAL CREDITS** $__________

= AMOUNT BUDGETING ___________ ÷ 12

= **MONTHLY PAYMENT** $__________

---

**FOR OFFICE USE ONLY**

APPLICATION FEE $35: ___________ DATE: ___________