



# 2017 Payment Plan Application

Alaska Business Week (ABW) strives to make its program available to all high school students. To help those who need to make multiple payments, ABW offers the option of a payment plan. Payment plans are set up on a case-by-case basis and both the program and payment plan applications must be received for consideration.

**Payment plan applications must be submitted by April 25.** Once you have submitted your application, ABW staff will notify you by email or phone within 5 business days regarding your application status. If approved, ABW staff will contact the Parent/Guardian phone number listed below on the agreed upon dates to obtain credit card payments.

A student's registration status will change to "Accepted" once the first payment is received. All payments must be made prior to program start.

### To be completed by the Parent/Guardian

|                      |                     |                      |       |          |
|----------------------|---------------------|----------------------|-------|----------|
| _____                | _____               | _____                | _____ | _____    |
| Student Name         | Mailing Address     | City                 | State | Zip Code |
| _____                | _____               | _____                |       |          |
| Parent/Guardian Name | Parent Phone Number | Parent Email Address |       |          |

An application for the program has been submitted

Payments will be made the first tuesday of each month for a maximum of 5 months. Please reference below to see which plan you are eligible for

**Applications received before January 31:** 5 payments of \$95 made on Feb. 7, March 7, April 4, May 2, and June 6

**Applications received before February 28:** 4 payments of \$118.75 made on March 7, April 4, May 2, and June 6

**Applications received before March 28:** 3 payments of \$158 made on April 4, May 2 and June 6

**Applications recieved before April 25:** 2 payment of \$237.50 made on May 2, and June 6

I understand that I must make monthly payments and that my student's registration may be canceled if my payments are delinquent by more that one week. I also acknowledge that full payment must be made prior to program start.

|                           |       |
|---------------------------|-------|
| _____                     | _____ |
| Parent/Guardian Signature | Date  |