



DATE: _____

COLLEGE EXODUS PROJECT

FEE PAYMENT FORM*

(Thru 10/31/11)

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone #: _____

Student Names

1: _____ 3: _____

2: _____ 4: _____

SERVICE	New Member	Family	Returning	Scholshp*	TOTAL
CEP – Health Professions:	_____ x \$100	_____ x \$75	_____ x \$75	_____ x \$25	_____
SOL Brothers Servant:	_____ x\$350	N/A	_____ x\$200	_____ x \$25	_____
Annual Membership:	_____ x \$150	_____ x \$125	_____ x \$100	_____ x \$50	_____
Basic Senior Plan:	_____ x \$400	_____ x \$375	_____ x \$350	_____ x \$100	_____
Premier Senior Plan:	_____ x \$600	_____ x \$575	_____ x \$550	_____ x \$300	_____
College Retention Plan (1yr):	_____ x \$100	_____ x \$100	_____ x \$100	N/A	_____
College Retention Plan (5yr):	_____ x \$400	_____ x \$375	_____ x \$350	N/A	_____
Premier Senior & Retention Pkg:	_____ x \$900	_____ x \$875	_____ x \$800	N/A	_____

***** \$ _____

Paid in full

Amt: _____

Type: _____

Rcvd by: _____

Payments

_____ I am requesting a Payment Plan. I agree to pay \$_____ due at application and balance to be paid in 3 equal parts within 90 days of my request and/or before the program start date (whichever comes first).

Initial Pymt

Date: _____

Pymt 1

Date: _____

Pymt 2

Date: _____

Pymt 3

Date: _____

Signature: _____

Scholarships

_____ I would like to request a scholarship. I certify that I meet the Federal Income limits to receive Free or Reduced Lunch. I have provided or will provide income verification within 3 days of this request.

Approved by: _____ **Amount Approved:** _____ **Not Approved by:** _____

A \$50 non-refundable administrative fee will be applied to all memberships. Families may upgrade their service plan at any time.

~BLU reserves the right to change this information with or without notification~

Make checks payable to: **BLU Educational Foundation**
P.O. BOX 7042
San Bernardino, CA 92411