



## Financial Admission Agreement Form

This form must be completed and included with the intake admission forms.

### Program fees & Admittance

A **non-refundable** entrance fee of \$100.00 is due at the time of intake. There is a tuition of \$840.00 per month for students to participate at Abba House. If you arrive before the 15<sup>th</sup>, the full month's tuition is due at the time of arrival. If you arrive after the 15<sup>th</sup> of the month, the current month will be pro-rated.

### Children's fees

Fees for children living at the ministry are \$150.00 per month for the first child and \$75.00 per month for every child after. Students must agree to meet the financial requirements before being admitted to the program. Please complete the "Children Financial Form". One per child.

### Refund Policy

If a student decides to leave the program voluntarily or should a student be asked to leave, or circumstances arise beyond their control upon our discretion (jail, hospitalization, etc.), we will refund ½ of the tuition up until 2 pm on the 15<sup>th</sup> of the month. If the student leaves after 2 pm on the 15<sup>th</sup> of the month, tuition will **NOT** be refunded. The policy applies to both the resident and children's tuition.

Applicant information. Please write legibly.

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

*If someone else has agreed to pay your tuition, print out and complete the Benefactor financial agreement form and have them fill it out and include it with this form.*

Cell number: \_\_\_\_\_ Work/Home (specify) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Self-Pay Amount: \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Finances Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Notes for DOF. Approved: \_\_\_\_\_ SAP \_\_\_\_\_ info needed \_\_\_\_\_ Benefactors involved \_\_\_\_\_



## Benefactor Financial Agreement Form

If you are agreeing to pay tuition for the student, please fill out the form below. If there is more than one person helping pay, please print out as many of these forms as necessary for each individual to fill out. Be sure to have every person who agrees to help, complete their own form.

Abba House accepts auto pay through a credit card, bank card, or EFT. This process can be set up by the person agreeing to pay by going to our website [www.Abbahouse.com](http://www.Abbahouse.com) and clicking on the donations tab. Here is where you have the option to set up auto-pay for a specific student's tuition.

### Benefactor's Information

First & Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work or Home \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

I will be paying tuition in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months or until Name of Student \_\_\_\_\_ graduates. (The program is a minimum of 15 months).

*By signing this financial agreement form- I am agreeing to be responsible for the applicant's tuition until she graduates or leaves the program and to have my account debited monthly in the amount stated above.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Notes from the financial director:

Auto pay in the amount of \_\_\_\_\_ Recurring on the \_\_\_\_\_ Day of Every Month.

Method of recurring payments CC DC EFT

Total amount to be charged every month \$ \_\_\_\_\_.



## Child(ren) Financial Agreement Form

Students must agree to meet the financial requirements for their children before they can come into the program. If they are not able to pay and have others helping, please have each person complete the forms and include the child's name they are agreeing to pay for. If there is more than one child, we ask that you complete a form for each additional child.

Fees for children are \$150.00 per month for the first child and \$75.00 per month for every child additional child. Ages 0-12 are allowed to live on campus with their mothers.  
(Some conditions may apply).

Name of Child: \_\_\_\_\_ DOB \_\_\_\_\_ \$ \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB \_\_\_\_\_ \$ \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB \_\_\_\_\_ \$ \_\_\_\_\_

### Benefactor's Information:

First & Last Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work or Home \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

I agree to pay (Name of Student) \_\_\_\_\_ Child(ren) total amount of \$ \_\_\_\_\_

for \_\_\_\_\_ months or until Mom graduates. (The program is a minimum of 15 months).

*By signing this financial agreement form- I am agreeing to be responsible for the applicant's child's tuition until she graduates or leaves the program and to have my account debited monthly in the amount stated above.*

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Finance Signature: \_\_\_\_\_ Date: \_\_\_\_\_