



COLLEGE EXODUS PROJECT

DATE: _____

FEE PAYMENT FORM*

(Thru 11/30/18)

(PARENT)

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	Scholarship*	TOTAL
Senior Boot Camp/Hustle & Flow:	_____ x \$150	N/A	N/A	N/A	_____
Sol/Soul Bro./Sis Ldrshp Camp:	_____ x \$400	_____ N/A	N/A	N/A	_____
Annual Membership:	_____ x \$300	_____ x \$275	_____ x \$250	_____ x \$180-210	_____
Silver Senior Plan:	_____ x \$600	_____ x \$575	_____ x \$550	_____ x \$360-420	_____
Gold Senior Plan:	_____ x \$1000	_____ x \$975	_____ x \$950	_____ x \$600-700	_____
Platinum Senior Plan:	_____ x \$1500	_____ x \$1475	_____ x \$1450	N/A	_____
College Retention Plan (1yr):	_____ x \$200	N/A	N/A	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 2 equal parts within 60 days or less of my request.

Initial Pymt

Date: _____

Pymt 1

Date: _____

Pymt 2

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.

Scholarships are 30%-40% off of fees. Based upon income verification***

~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