

SFS DEFERRED PAYMENT FORM

For questions regarding this form, please contact Joan Cluster at 978.219.5109, jcluster@fieldstudies.org

Policy Regarding Outstanding Tuition Balances

No student having an outstanding tuition balance will be allowed to participate in an SFS program unless approved by the Finance Department. If funds due to you by your home school or through federal financial assistance are not available at the time the program departs for the field, you may be permitted to go into the field if you complete and sign this Deferred Payment Form, accepting personal responsibility for all outstanding tuition funds, including expected federal funds, and committing that the balance will be paid within 5 business days upon receipt of aid funds. No grades or transcripts will be awarded until all outstanding tuition funds are paid in full.

Student name: _____ **SFS Program:** _____

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY HOME SCHOOL FINANCIAL AID OFFICE

Amount Deferred: \$ _____ Disbursement Date: _____

Check Method of Disbursement: ☐ To Student ☐ Direct to SFS

Additional notes/comments: _____

Your signature below certifies that the information above is complete and correct.

Signature Date Title

Email Telephone Institution

If the funds are/will be disbursed to the student, and the Disbursement Date is within 1 week of, or after the student's Departure Date, the student needs to complete page 2.



THE SCHOOL
FOR FIELD STUDIES

TO BE COMPLETED BY THE STUDENT

If the funds are/will be disbursed to your (the student), and the Disbursement Date is within 1 week of, or after your Departure Date, please indicate how payment will be transmitted to SFS.

☐ Option 1: I will mail SFS a check 10 days prior to my departure, with instructions not to deposit it until after the Disbursement Date.

☐ Option 2: I will pay online by on this date , days before my departure.

**** E-check payments can be made at <http://www.fieldstudies.org/make-a-payment/>**

If a parent will be helping coordinate final payment to SFS, please provide their contact information:

Name: Relationship:

Email: Phone #: