

# MARANATHA CHRISTIAN COLLEGE AND THEOLOGICAL SEMINARY, INC.

A SPIRIT-FILLED, BIBLE BASED, CHRISTIAN COLLEGE OF EXCELLENCE  
PROVIDING TRADITIONAL EDUCATION AT A NON-TRADITIONAL PRICE



## PROMISSORY NOTE

Trimester:  Fall '05  Winter '06  Spring '06

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

Student Name:  Mr.  Mrs.  Miss  Other \_\_\_\_\_

\_\_\_\_\_  
First Middle Last SSN (last 4 digits)

\_\_\_\_\_  
Street Address City State Zip

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell / Work Phone

\_\_\_\_\_  
Email Address

### Financial Arrangement (mark payment source)

Personal  Church/Employer/Agent

**For students using personal funds:** You must make incremental payments with **at least 1/4 (25%) due at registration**. Grades and/or Transcripts will not be released until the student account is paid in full. Full payment is due not later than the 7<sup>th</sup> class week of the trimester. If payment is not received at MCCTS by the 7<sup>th</sup> class week, you are responsible for late fees of 1.5% (18% APR) on the unpaid balance calculated from the start of the trimester. A processing fee of **\$15** will be assessed if full payment is not made by class week seven (7).

*Student Initials:* \_\_\_\_\_

**For students with Church/Employer/Agent Reimbursement:** You are responsible for payment of funds -- **at least 1/4 (25%) due at registration**. Documentation from your Church/Employer/Agent must be provided on the tuition reimbursement agreement. If payment is not received at MCCTS by the 7<sup>th</sup> class week, you are responsible for late fees of 1.5% (18% APR) on the unpaid balance calculated from the start of the trimester. If your source part of your tuition, you may pay the balance up front or pay on an incremental schedule. A processing fee of **\$15** will be assessed if full payment is not made by class week seven (7).

*Student Initials:* \_\_\_\_\_

FOR THE VALUE RECEIVED. I promise to pay Maranatha Christian College & Theological Seminary the sum of \$ \_\_\_\_\_ principle according to the following schedule:

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

▪ I will pay in full (not later than the 7<sup>th</sup> class week of the trimester) by: \_\_\_\_\_

▪ I agree to pay an administrative fee of **\$15.00** if I have not paid in full by the above date.

I understand that if I miss any payments listed above or do not pay on time I must pay an additional late fee of 1.5% per month (18% APR) on the unpaid balance including all costs of collection. Interest will accrue from the start of the trimester. I acknowledge receiving a copy of the trimester calendar. Furthermore, I understand that if I withdraw from class, the total amount due must be paid upon the date of withdrawal. *Student Initials:* \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned has agreed to abide by the terms and conditions set forth on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Representative for MCCTS or Notary

\_\_\_\_\_  
*Signature of Student (Debtor)*