CUSTOM PAYMENT PLAN FORM

**STUDENT’S LAST NAME STUDENT’S FIRST NAME**

**GUARDIAN(S) LAST NAME GUARDIAN(S) FIRST NAME**

**STREET ADDRESS**

**CITY/STATE/ZIP**

**PREFERRED PHONE NUMBER (PLEASE INDICATE CELL, HOME, OR WORK)**

**PREFERRED E-MAIL ADDRESS**

**TITLE OF RELATED CLASS/WORKSHOP/LESSON**

**THE TOTAL TUITION OWED FOR THE STUDENT’S CLASS/WORKSHOP/LESSON IS: $**

|  |  |  |
| --- | --- | --- |
| **PAYMENT #** | **Planned Date of Payment** | **Planned Amount of Payment** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| TOTAL AMOUNT: | |  |

**TO REQUEST A PAYMENT PLAN:**

A deposit will be required at registration for any program. Custom Payment Plan Form should be submitted by the Financial Aid deadline for each program:

Spring/Fall Programming – At Registration

Winter Festival – By date of audition

Summer Festival – June 1

This form can be emailed to [financialaid@greaterbostonstage.org](mailto:financialaid@greaterbostonstage.org), dropped off in person at the Box Office, or mailed to 395 Main Street Stoneham MA, 02180.

Guardians will be notified when a Payment Plan has been accepted.