MID-EAST Career and Technology Centers
ADULT EDUCATION

Short-Term Funding Determination

(CNA, Phlebotomy, Public Safety, Truck Driver Training)

Student Name: _____

Class: _____ Amount to be paid: $_____

Listed below is how I plan on paying for the program.

- ☐ Self-Pay
- ☐ Employer
- ☐ Agency (Job and Family Services)
- ☐ Grant/Scholarship
- ☐ Other (please specify) _____

If you are being funded by an agency, employer, scholarship, or other, please give the contact name and address below for billing purposes. Please have the form signed by the appropriate responsible party. **Form must be returned PRIOR to starting class.**

Name of Place to Bill

Contact Name Email

Address

City State Zip

Phone

Using the information above, we would like invoice to be: ☐ mailed ☐ emailed

Signature of Payer Date

Short Term Refund Policy:
All tuition must be paid in FULL PRIOR to the start of class for self-pay students.

- If a student withdrawals prior to the first class session, then a full refund will be made.
- If the student attends the first day and gets his/her books and then officially withdrawals, the student will be responsible for the cost of the book(s) and any fees accrued. Refund will be given on tuition only.
- **No tuition refunds will be made *after* the first day of class.**

I am aware that if I do not complete the short-term training, then I am fully responsible for all charges on my account from this class. If being funded, I also understand that if the funding agency does not pay for the class then I understand I am solely responsible for all charges.

Student Signature *Date*