The 10-Month Payment Plan can only be used to cover the costs of Tuition, Room, and Board. **All other fees must be paid upfront**

Your first monthly payment is due on July 15, and your final payment is due on April 15.

***This Plan must be renewed in December for the Spring term***

(A) Annual Expenses (Fall & Spring) | (B) Annual Credits (Fall & Spring)
--- | ---
Freshman/Sophomores | Scholarships
Full Year Tuition $33,900.00 | $ |
Full Year Room | $ |
Full Year Board $5,850.00 | $ |
Upper Classman | Grants
Scholarships
Grants
Perkins Loan
Direct Student Loan*
Direct Parent Loan**

(A) Total Expenses $ | (B) Total Credits $

*award amount less 1.073% origination fee
**award amount less 4.292% origination fee

Work/Study is not to be credited to this work sheet, it will be paid to the student in monthly pay checks; The student has the option to apply the Work/Study payments to the monthly balance. Work/Study payments, generally, don’t start until October 10th.

PROPOSED ANNUAL BUDGET (Fall & Spring)

(A) Total Expenses $ | (B) Less Total Credits $

(C) Budgeted Total $ | (A) - (B)

(D) Monthly Payments $ | Budgeted Total (C) divided by 10

(D) Monthly Payments $ | August – April Payments (15th of the month)
Participation Fee $ | $10.00 by July 15th / $50.00 After July 15th
New Student Fee $250.00 | $250.00 New Students ONLY
Parking Decal $ | $40.00 Resident/$20.00 Commuter (subject to change)
Room Deposit $50.00 | $50.00 New Students ONLY
Less Enrollment Deposit $(250.00) | $(250.00) New Students ONLY

JULY PAYMENT $ | 1st Payment

ALL PAYMENTS ARE DUE ON THE 15TH OF EACH MONTH.
A monthly finance charge, equal to 1% of balance, will be added if payments are not received by due dates.

Make checks payable to Centenary College and mail to:
Centenary College of Louisiana
Business Office
P.O. Box 41188
Shreveport, LA 71134
Please write Student’s Name on All Check Payments
PHONE: 318/869-5125 FAX: 318/869-5722

If you wish to pay by Visa, Mastercard, or Discover:
Charge Initial Payment of $__________
Charge Monthly of $__________
Acct.#: ___________________________________ Exp.Date: ____________________
Cardholder __________________________________
Signature ____________________________________