



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		
TOTAL AMOUNT:		

TO REQUEST A PAYMENT PLAN:

Please submit this form by e-mail to financialaid@greaterbostonstage.org OR by mail to 395 Main Street, Stoneham, MA, 02180 OR in person at the Box Office. Guardians will be notified when a Payment Plan has been accepted, at which time the first payment will be due.

Financial Aid is also available. For more information, please email financialaid@greaterbostonstage.org.