

Payment Plan Options

If you are having difficulty meeting the financial obligations of the Fossil Ridge Band, we can offer the following two options.

<u>Option</u>	<u>1</u>
Stretch	the payments.
	I need more time to pay off my balance. I will send \$ monthly until our balance is paid. I anticipate the balance being paid off on/ I understand that I must participate in at least one Band Booster fundraising event.
<u>Option</u>	<u>2</u>
•	would like to be considered for financial assistance, please indicate below. We have a amount of funds that can be used for financial assistance.
	I am requesting financial assistance in the amount of \$ to help pay off my Fossil Ridge band fees. I understand that unless otherwise stated, the Boosters will match funds received from cash payments and fundraising profits on a dollar-for-dollar basis up to the amount I am requesting.
	read and understand the Fossil Ridge Band "Financial Assistance Policy" found on the and website.
Studen	t Name
Parent	Signature
Email	this form to brad.allen@kellerisd.net. Please allow up to 2 weeks for a decision.
For offi	ce use only:
Approv	ed? Yes No Date
Directo	r Signature
Amoun	at Approved?