

Music For Healing & Transition Program, Inc.

Tuition Payment Agreement

Send via USPS or fax to MHTP, P.O. Box 127, Hillsdale, NY 12529

Fax: 518-325-3089

Please keep a copy for Yourself

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I will attend classes located in _____.

Class locations at a site are sometimes subject to change; I will check with the Area Coordinator for details. I will notify the MHTP Central Office at the above address and the Area Coordinators concerned if I must change locations for a Module. I will send a Module Registration Form to the Area Coordinator 30 days before each scheduled Module, or an email if I have paid in full.

- Enclosed is payment in full of \$2100.00 (includes Materials Fees)
By paying in full I receive a \$155 tuition reduction.
- I will make 2 tuition payments 4 months apart of \$1075.00 each, which includes Materials Fees.
By agreeing to pay in 2 payments, I receive a \$105 tuition reduction
- Enclosed is Payment #1 of \$1075.00
Payment # 2 Date: _____
If my payment is not received at MHTP by this date, I will be assessed \$5 per day that it is late.
- I will make 5 tuition and Materials Fee payments every two months, so that MHTP receives the payment on each of the 5 dates below. \$420.00 each for Modules 1-4, and \$525.00 for Module 5, unless I have been granted tuition reductions for specific Modules, plus the \$10 per Module Materials Fee. If my payment is not received at MHTP as agreed below, I will be assessed \$5 per day that it is late.

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

- I will make 10 monthly payments of \$240.00 by the first of each month beginning on _____
If my payment is not received by the first of each month, I will be assessed \$5 per day that it is late.

Signed: _____

Total Enclosed \$ _____

- Check Enclosed
- Credit card type & number (Visa or Master Card only)

Expiration date _____

Signature _____