



18824 Smokey Pt. Blvd, Ste. 105
Arlington, WA 98223
Office: (360) 386-9248 ~ Fax: (360) 659-8922

Student Tuition Payment Agreement

This agreement is between Destiny International School of Ministry (hereinafter referred to as "DI") and the following student _____ (hereafter referred to as "you"). Please select your method of payment, sign, and return this agreement with your payment to the above address. The tuition is non-refundable.

Please note student outreaches may incur additional cost for food, fuel, or other travel expenses. There may be opportunities to work with Event Force and direct those monies toward outreaches, travel expenses, etc.

DI Student Financial Plan

Please indicate your payment preference.

Leadership School (Wednesdays 9am-12pm; October - June)

9 Month School

_____ \$1,000.00 paid in full on October 9, 2019

_____ \$200.00 paid on October 9, 2019 with remaining balance of \$800.00 paid in full by June 3rd.

Individual Trimesters

_____ \$300.00 paid in full on first day of each trimester

_____ \$100.00 paid on first day of each trimester with remaining balance of \$200.00 paid by end of trimester.

Discipleship School (Thursdays 9am-2:30pm; October - June)

9 Month School

_____ \$1,200.00 paid in full on October 10, 2019

_____ \$200.00 paid on October 10, 2019 with remaining balance of \$1,000.00 paid in full by June 4th.

Individual Trimesters

_____ \$400.00 paid in full on first day of each trimester

_____ \$100.00 paid on first day of each trimester with remaining balance of \$300.00 paid in full by end of trimester.

School of Worship & Creativity (Thursdays 6-8:30pm; October - December)

Communications School (Thursdays 6-8:30pm; January - March)

School of Kingdom Influence (Thursdays 6-8:30pm; April - June)

Individual Trimesters

_____ \$300.00 paid in full on first day of each trimester

_____ \$100.00 paid on first day of each trimester with remaining balance of \$200.00 paid by end of trimester.

I understand my tuition must be received by Destiny International School of Ministry (DI) by the date indicated in my payment plan option. I understand that once accepted as a DI student, I am responsible for the total tuition for that school. I understand that graduation is in part, dependent upon fulfillment of my financial agreement. I understand that I alone am responsible for the tuition payment and that no refunds will be made. I also acknowledge that failure to pay according to the above mentioned dates (unless prearranged) will result in removal of all access to classes until said payment has been made.

Initial Payment \$ _____

Payment(s) \$ _____

By signing below, I agree to the terms and conditions stated.

Dated: _____

Print Legal Full Name: _____

Signature: _____

Director's Signature: _____

