

## PROMISSORY NOTE

Student Name: Amber Richardson ID# 62919

Supporting Church Name: First Baptist Church, Mound City, KS

Academic Terms of Support Coverage: Fall 2018 – Spring/Summer 2019

Program of Study: Master of Arts in Counseling

BTS will match in seminary financial aid your sponsorship of twenty-five percent of the academic year total tuition credit costs as long as the student account is in good standing. Please Note: Matching funds are applied to tuition costs for courses taken for credit only. Excluded from the Church Match Program are audit courses and any course re-takes. The student is responsible for 100% of these costs.

If the above named church or student fails to make payment as promised, the note will be considered in default. A late penalty charge of 1% per month will be assessed on the student account until the account is brought current, inclusive of the late charges and applicable fees. In addition, the matching discount provided by BTS will be discontinued.

The above named student agrees that if payment is not made by the above named church, the student is then liable for 100% of the remaining tuition charges.

The above named church must promptly inform the BTS Financial Aid Office of any change in church name or address by calling 215-368-5000 x. 141.

This Promissory Note is based on support of twenty-five percent off the total tuition cost of **20 credits**. If the student takes less than what is estimated, any credit on account will be applied to the next academic year. Should the student take more credits that what is estimated, the balance on account will be due by June 30, 2019. Promissory Note renewal agreements will be issued in the spring of each academic year.

Should the student terminate their program at BTS prior to completing the 2018-2019 academic year, this Promissory Note will be void and their billing account will be evaluated for the final balance status. Since courses are billed as they are taken, we will compare what was billed to what was paid by each party and calculate the amount that was required from each in order to determine the responsible party or parties on the

account balance. Any balance due by either the church or the student will be due immediately and any credit on account will be returned to either the student or the church.

Please complete the following information and return this document to the Financial Aid Office at BTS, 200 N Main St, Hatfield, PA, 19440 by July 20, 2018.

**Church Commitment:**

**FOR VALUE RECEIVED, we, First Baptist Church (insert church name) promise to pay BTS on behalf of Amber Richardson for the Fall 2018-Spring/Summer 2019 Year a total support of \$ 1375.**

**We agree to send payment as follows: (Choose 1 type of Payment Plan)**

- Payment in Full       Semesters       Monthly (10 mths, Sept - June)

**Church Contact Information:**

Address: P.O. Box 197 Mound City, KS 66056

Phone Number: 913-795-2333

Email Address: caleb.richardson@fbcmc.com

<u>Caleb Richardson</u>	<u><i>Caleb Richardson</i></u>	<u>Discipleship</u>	<u>7/15/2018</u>
Authorizing Church Leader	Signature	Church Position	Date
<i>[Print Name]</i>			

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Authorizing Church Leader	Signature	Church Position	Date
<i>[Print Name]</i>			

**Student Commitment:**

I, Amber Richardson, agree that if payment is not made by First Baptist Church (insert church name), I am then liable for 100% of the remaining tuition charges.

I understand that in order to maintain eligibility in the Church Match Program at BTS I must be enrolled as a full-time degree student (according to my degree program), maintain a minimum GPA of 2.0, and my account must remain current with both my student payment portion and my church's.

I understand that excluded in the Church Match Program are Audit Classes and Class Re-takes. I am liable for 100% of these charges.

I agree to send payment as follows: (Choose 1 type of Payment Plan)

- Payment in Full       Semesters       Monthly (10 mths, Sept - June)

Amber Richardson      Anh RV      8/16/2018  
Student Name      Signature      Date  
[Print Name]           [if applicable]

**Approved By:**

Ginny Hartman      Financial Aid Coordinator      6/14/2018  
Signature      Title      Date

