



Day Program Financial Agreement (FES-UA)

Participant Name:

DOB: _____ **Age:** _____

Guardian Name/Responsible for Payments: _____

Relationship to Participant: _____

YES NO I am choosing to use the FES-UA Scholarship.

My child's FES-UA Student ID: _____

EMA Award ID: _____

My child's FES-UA Scholarship currently is \$ _____

(Please provide a copy of the scholarship amount given)

The tuition for the schedule I chose is \$ _____

YES NO The FES-UA Scholarship will cover all the costs for the year.

If the FES-UA Scholarship does not cover the costs for the year what is the balance owed? \$ _____



Day Program Financial Agreement (FES-UA Scholarship)

I will pay the balance owed (initial the one you are choosing)

_____ Up front before August 17, 2026

_____ Pay via check monthly on the 1st
(Amount will be \$_____ each month)
Payments will begin August 1, 2026

I understand that if I choose to pay via check or check it is due the 1st day of each month. If payment is not received, participants cannot come for training until payment is made. There is a \$35 charge for any returned checks and if paid after the 5th day there will be a \$100 late charge fee.

_____ (Initials)

I understand I am responsible for reserving funds prior to the 1st of every month for the following month. If not reserved by the 5th of the month I will have to pay the monthly fee and get reimbursed from the scholarship.

_____ (Initials)

I am responsible for the tuition fees if there is any delay from FES-UA beyond 30 days.

Parent/Guardian Signature

Date

Director Signature

Date