



## St. Vincent's Health System Jeremiah's Hope Academy Installment Payment Application

The financial policy for Jeremiah's Hope Academy requires full payment of tuition on the date of enrollment. An Installment Payment program has been made available for individuals that can demonstrate sufficient income to successfully make payments to pay all tuition and fees during the term of enrollment. Installment Payment applicants must meet requirements to be approved. Installment Payments are individually designed based upon the information provided in the Installment Payment Application process.

Jeremiah's Hope Academy offers to qualified applicants a plan to remit payment of tuition in a series of payments during the 10 weeks of academic classes. The qualification process is required to assure Jeremiah's Hope Academy of receiving full payment of the tuition prior to completion of the program of study. Individuals that qualify for installment payments assume liability for full payment of all tuition, fees, and associated charges assessed by Jeremiah's Hope Academy. To determine your ability to make payments over time, a reasonable financial assessment, based on your current financial status, must be completed. *Incomplete application forms will not be considered, so be certain to check the information carefully prior to submitting for consideration.*

In order to apply for installment payments, the applicant must provide proof income by providing income verification documents and statements of expenses.

Please attach a copy of **one of the following** to your application:

- Your Current W2 forms
- Your most recent Income Tax 1040 Forms (Page 1 only)

If you **DO NOT** have the most current year's Income Tax 1040 Form or W2 Form, please submit *each of the following that You receive*:

- Copy of Social Security Benefit Award Letter
- Copy of the three (3) most recent bank statements (savings and checking).
- A letter from your Employer(s), on official company letterhead, showing hourly rate, company pay periods, and hours worked per pay period.
- Child support and/or alimony support documents from the Court
- Copy of Food Stamp Award Letter (if receiving Food Stamps).
- Copy of Unemployment Compensation Award Letter (if receiving Unemployment Wages)
- Letter from parents, guardian or others that may be providing your financial support, detailing your income and or benefits received. This must be itemized.

**The attached Installment Payment Application and monthly budget worksheet must be completed, signed, and returned, with all of the necessary documentation included by the published deadline date for the term of application.**

Return Completed Application and documents to:

**Jeremiah's Hope Academy  
2800 University Blvd., Suite 101  
Birmingham, AL 35233  
Office. (205) 939-7233  
Fax. (205) 930-2920**



**St. Vincent's Health System  
Jeremiah's Hope Academy  
Installment Payment Application**

Date \_\_\_\_\_ Term \_\_\_\_\_ Program \_\_\_\_\_

Applicant Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Number of Dependents \_\_\_\_\_

Names & Ages \_\_\_\_\_

Living Arrangements: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_ Other (explain) \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you receive financial support from any other source? \_\_\_\_\_ If yes explain \_\_\_\_\_

**Monthly income:**

Applicant \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

Total monthly income \$ \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only:**

Date Reviewed: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Application Status: \_\_\_\_\_ Require additional information \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Reason for denial: \_\_\_\_\_

# JEREMIAH'S HOPE ACADEMY MONTHLY BUDGET WORKSHEET

Monthly Income		Monthly Expenses	
Your Pay	\$	Rent or Mortgage	\$
Spouse's Pay	\$	Utilities (Phone, gas, electric, cable, etc.)	\$
Bonuses	\$	Insurance (home, auto, life, health, etc.)	\$
Commissions	\$	Food	\$
Tips	\$	Incidental Home (paper products, non-food items, etc.)	\$
Interest Received	\$	Clothing	\$
Investment Earnings	\$	Auto (payment, gas, tolls, maintenance)	\$
Rental Income	\$	Debt Payments (auto, credit cards, store cards, etc.)	\$
Pension Income	\$	Child Care	\$
Social Security Income	\$	Health (medical, dental, eye, etc./not covered by insurance)	\$
Alimony Received	\$	Taxes (not taken out of paycheck)	\$
Child Support Received	\$	Gifts (charities, church, holidays, birthdays, etc.)	\$
<b>Other Income</b>	\$	Entertainment (movies, vacation, videos, etc.)	\$
	\$	Personal Allowances	\$
	\$	Other Expenses	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Totals</b>	<b>\$</b>		<b>\$</b>