

Student Name: _____

Student ID: _____



Brevard College Work Study Payment Agreement

I, _____, hereby agree to contract with Brevard College through the Work Study Program to work the assigned hours as established by the Financial Aid Office in order to pay the outstanding balance on my account. I am currently eligible to receive \$_____ through Work Study for the _____ semester of _____. I would like to apply \$_____ to my student account. I understand that my work study paycheck will be directly applied to my student account.

I further agree that should I not work the assigned hours then I will be required to pay my student account balance in full upon demand. Any unpaid balance at the end of a given semester will result in a hold being placed on my official transcript and will disallow registration for future classes. I further understand that, if I fail to abide by the terms of this agreement, the College will turn my account over to a collection agency, an action that will affect my credit standing and result in additional interest, collection and legal costs to me.

Student Signature

Student ID #

Authorized Finance Office Signature

Date