# CGMS Sponsored Tuition Agreement

You may print this form and fill it out manually, or you may fill it out electronically. If you do so, please note that you MUST download the form first. Forms that are filled out in a web browser often lose their information when saved.

Either way, when filled out and signed, please send a copy to admissions@cgms.edu, fax to 941-827-2981, or mail to:

CGMS 4532 West Kennedy Blvd. Suite 233 Tampa, FL 33609



# **CGMS Sponsored Tuition Agreement**

### TO BE FILLED OUT BY ALL PARTIES PAYING

Adult Learner	name
Program Appl	ying for (e.g. Infant/Toddler Full Certificate)
	responsible for payments arties paying, indicate percentage of responsibility)
Percentage responsible	Party or parties paying
	□ Applicant
	☐ Sponsoring School
	Head of School or Contact Person /phone number/email
	☐ Other - Payer name and phone number
	Other payer relationship to adult learner
Multiple Par □ Yes	If multiple parties are contributing to the tuition then all must sign this
⊔ Yes	document. Please describe in detail here the arrangement of responsibility

**IMPORTANT**: In the event that multiple parties are sponsoring an Adult Learner, should any one of these parties choose to withdraw from this agreement then the Adult Learner shall be placed on suspension until the account is in good standing and a new payment arrangement is made. There is no refund possibility after the 4<sup>th</sup> module. All funds are denominated in and must

be rendered in US currency. Foreign bank drafts, including those from Canada, must account for currency differences and the cost of settlement.

# Withdrawals and Refund Policy

Application Fees are non-refundable. All tuition and fees (less the application fee) paid by the sponsoring party or parties shall be refunded if requested within the first 3 business days after signing a contract with CGMS. All other refunds are due according to the following schedule:

#### Withdrawal after the Residential Session

Withdrawal after attendance at a residential session will result in responsibility for \$1700 per session attended. This will be taken into consideration when calculating refunds or balance due, along with the following policies regarding withdrawal during the distance-learning phase.

#### Withdrawal during the Distance Learning Phase

- Before the end of week # 2 of the distance learning phase 90% of the base tuition will be refunded. The sponsoring party or parties are responsible for paying 10% of the total base tuition.
- Before the end of week #8 or end of the first module of the distance learning phase, 80% of the base tuition will be refunded. The sponsoring party or parties are responsible for paying 20% of the total base tuition.
- Before the end of the second module, 60% of the base tuition will be refunded. The sponsoring party or parties are responsible for paying 40% of the total base tuition.
- By the end of the third module, 30% of the base tuition will be refunded. The sponsoring party or parties are responsible for paying 70% of the total base tuition.
- By the end of the end of the fourth module, 20% of the base tuition will be refunded. The sponsoring party or parties are responsible for paying 80% of the base total tuition.
- No refunds will be made for withdrawals after the fourth module, and the sponsoring party or parties are still responsible for the entire tuition.

All refunds shall be made according to the schedule above, and shall be within 30 business days of receipt of a formal withdrawal letter.

Please sign to indicate understanding and agreement of refund policy	
--	--

# Policy regarding sponsored Adult Learners IMPORTANT NOTE TO SPONSORED SCHOOLS AND SPONSORED LEARNERS

In the event that an adult learner leaves the employment of a sponsoring entity such as a school, it is CGMS policy to allow that adult learner to complete their training provided that they assume financial responsibility for future payments if any. If tuition has been paid in full, then at the time an Adult Learner leaves a sponsor's employment the sponsor or sponsors shall receive a refund according to the Withdrawals and Refund Policy, and the Adult Learner must assume payments for any amount refunded to the sponsor or sponsors.

If a sponsor demonstrates that they have a written contract mandating repayment for an adult learner's training, then CGMS will prohibit the adult learner from finishing their training until such a time as they have fulfilled that contract. Sponsors who wish to ensure that a teacher who has left their employ can no longer continue training at CGMS without financial repayment must provide CGMS with a copy of a signed and counter signed contract stating the terms of the sponsorship.

□ No, I do not have a written repayment contract with the adult learner in question.
☐ Yes, I have a written repayment contract with the adult learner in question. I will submit a copy of that contract with this document.
The details are:
All parties must sign below to indicate understanding and agreement to this policy.
Sponsor Name and Title
Sponsor Signature
I (Adult Learner Name) agree that I understand and agree to the above conditions of my sponsorship.
Adult Learner Signature

#### **Preferred Payment Option**

The application fee of \$100 is due with this application.

The first payment as listed below **must** be scheduled as soon as the Tuition Agreement is submitted to Finance, and must be paid no later than 30 days. CGMS may, at its discretion, break larger credit card tuition payments into smaller amounts without additional charges to the paying party or parties. We are happy to create custom payment plans on request; contact us at financialaid@cgms.edu to discuss your needs. If such a plan has been created, CGMS will provide a substitute agreement for this form.

## **Tuition and Fee Schedule**

#### **Tuition**

Program	Certificate	<b>Base Tuition</b>
□ Infant/Toddler	Associate	\$5140
☐ Infant/Toddler	Full	\$6815
□ Early Childhood	Associate	\$5140
□ Early Childhood	Full	\$6815
☐ Elementary I	Full	\$6815
☐ Elementary II	Full	\$6815
☐ Elementary I&II	Full	\$9280
□ Secondary	Full	\$9280

#### Note about possible extra charges

If Field Consultants need to travel more than 100 miles, then reasonable travel expenses will also need to be covered.

#### Elementary I and Elementary I-II Adult Learners Please Note

The EC Overview Cou	ırse is mandatory if	applicant has	not received a	Montessori e	arly ch	ildhood
credential from an acc	redited institution.					

			•		•	
edentia	al from	an accredited instituti	ion.			
		EC Overview		six weeks \$360		

Please sign this page indicating understanding and agreement:

#### **Fees**

### Service fee - Please check your desired payment schedule

# payments	Schedule	Service fee
1	one time	\$0
3	Every 3 months	\$200
6	Bi-monthly	\$300
18	Monthly	\$500
24	Monthly	\$600 (only eligible for the EL I-II program)

*Note: the service fee is a one-time charge added to the total bill. It is not per-payment.* 

#### **Professional Fee**

This mandatory fee covers the cost of registering the applicant with our various accrediting bodies. Additional Professional fees will apply if transferring to a different certification level and/or returning after an absence of 2 years.

**X** \$350

#### Self-directed fees - Please check one

<b>Supervised</b> (A Supervising Teacher with an accredited Montessori Credential at the program level of the applicant, who is in at least the third year of teaching post-certification, will be in the classroom with the applicant at all times.)	\$0
Self Directed with Mentor on site (A Mentor with an accredited Montessori Credential at the program level of the applicant, who is in at least the third year of teaching post-certification, is on site and agrees to weekly meetings and monthly observations in the applicant's classroom.)	\$600
<b>Self Directed, no onsite Mentor</b> (this option is a minimum fee of \$600 and additional fees will apply as determined by the director and practicum team)	\$600 (additional fees will apply)

Total (Tuition + Fees)Amt. per payment (total divided by # of payments)	
---	--

#### Example:

Sara is taking the Elementary I course while at the same time serving as the lead teacher in her classroom. She wishes to pay in three installments. Sara will not need to take the EC overview course, because she previously received her early childhood credential from a MACTE accredited training course. Sarah's total tuition is (\$6,815 tuition) + (\$200 service fee) + (\$350 professional fee) + (\$600 self-directed fee), or \$7,965. She will pay in three installments of \$2,655 each. This does not include the \$100 she will pay at the time of her application.

P	lease sign	this page	e indicating	understanding	g andagreement:	
					<b> </b>	

Other payme	ent plan as discu	ssed and agreed up	oon with a	CGMS tuition counselor (	details below)
Preferred P	Payment Metho	d			
□ Check					
	funds are in U		ote paymer	ded Montessori Studies a its should be mailed to the	
	CGMS	S 9650 Strickland R	Road Suite	103-127 Raleigh, NC 27	615
-	ot paying by che		ow. We wil	l collect payment informa	ntion upon the
□ Visa		Master Card		American Express	
□ Paypal					
□ Bank / W	Vire transfer				
Please sign	this page indica	ating understandi	ng and agr	eement:	

#### Applicants and Sponsors, please sign the following statement. By signing you agree to the statement below.

The information given in this application and tuition agreement form is correct. We understand that a \$100 application fee is due with this document, and that unless the Applicant is a resident of the state of Michigan this application fee is entirely non-refundable if the Applicant is not accepted. We understand that if the applicant is accepted in the program, all parties signing below are responsible for the full tuition and agree that payments will be made in a timely manner. We agree to the refund policy in this document. We understand and agree that an unpaid balance maybe submitted to a collection agency, and that said unpaid balance may result in termination of enrollment, and/or delay certification upon completion of course requirements.

Applicant's Name
Applicant's Signature
Sponsor's Name
Sponsor's Signature
(if more sponsors exist, they must sign this document as well)
Date of understanding and agreement of this document

Please scan this form to admissions@cgms.edu fax to 941-827-2981, or mail to:

CGMS 4532 West Kennedy Blvd. Suite 233 Tampa, FL 33609