



GREENFIELD COMMUNITY COLLEGE

Bursar's Office
N220

Billing Worksheet

Semester/Year _____

Student Number _____

Student Name _____

Part I: Determine what you owe.

Total (from your bill): \$ []

Waivable Fees:

MassPIRG minus \$ []

(If you wish to waive the MassPIRG donation, deduct \$9 here, and sign below.)

Health Insurance minus \$ []

(You must complete the on-line insurance waiver at www.universityhealthplans.com to waive insurance. You can waive it only if your bill includes a charge for health insurance.)

GCC financial aid awards: minus \$ []

(Enter the total of financial aid awards, excluding work/study, from your award letter.)

Tuition waivers: minus \$ []

(Attach original signed waiver forms.)

Off-campus financial aid: minus \$ []

(Attach proof of intent to pay on letterhead of the payor.)

Educational Transition Program: minus \$ []

(Deduct all charges except ETP per credit charge, MassPIRG, or Insurance.)

Balance due: \$ []

This is the amount due on the payment deadline.

Part II: Tell us how you are paying your bill.

(Please check to indicate your method(s) of payment.)

\$ [] [] Payment Plan (completed plan application and first payment enclosed)

\$ [] [] Cash (in person only -- do not mail cash)

\$ [] [] Check (enclosed)

\$ [] [] Credit Card (information below)

Charge my: (Circle one) MasterCard VISA Discover Amount: \$ _____
Account #: _____ V-Code (3 digits): _____
Name on card: _____ Expires: _____
Cardholder Signature: _____ Zip Code: _____

This information is true, to the best of my knowledge. I agree to pay any additional balance that might result from subsequent changes in charges or financial aid awards.

Student Signature

Date

Parent Signature (required if student is under 18 years of age)

Date