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## Financial Responsibility Agreement Acknowledgements

Student Financial Responsibility Agreement Acknowledgements – Your agreement to the terms and conditions contained herein are required for your registration at Strive Community Health Institute.

**Instructions:** Read the entire document. Initial all sections and sign at the bottom of the form.

### **PAYMENT OF FEES/PROMISE TO PAY**

I understand that when I register for any class or receive any service from Strive Community Health Institute, I accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Strive Community Health Institute is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees, and other associated costs by the published or assigned due date.

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all, or a portion of, tuition and fees in accordance with the published tuition refund schedule at

[www.striveca.org](http://www.striveca.org)

I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

### **DELINQUENT ACCOUNT/COLLECTION**

**Financial Hold:** I understand and agree that if I fail to pay my student account bill or any monies due and owing to Strive Community Health Institute by the scheduled due date, Strive Community Health Institute will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving degree/certification or any other acknowledgement of completion.

**Late Payment Charge:** I understand and agree that if I fail to pay my student account bill or any monies due and owing to Strive Community Health Institute by the scheduled due date, Strive Community Health Institute may assess late payment charges at a rate of \$15 for each late payment, up to a maximum of \$45 per term.

**Collection Agency Proceedings:** I understand and accept that if I fail to pay my student account bill or any monies due and owing to Strive Community Health Institute by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Strive Community Health Institute may refer my delinquent account to a collection agency and submit to the State of California Franchise Tax Board for intercept of



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any monies owed to me from the State of California (California Government Code Sections 12419.5, 12419.7, 12419.9, 12419.10, and 12419.11 authorize the Office of the State Controller to collect money owed to a state agency or an education/apprenticeship institution by intercepting any money that the state owes the debtor, including a tax refund or state lottery winnings). I further understand that my delinquent account may be reported to one or more of the national credit bureaus and a hold may be placed on my account, preventing future enrollment, access to official transcript, and receiving a diploma.

### COMMUNICATION

**Method of Communication:** I understand and acknowledge that Strive Community Health Institute uses email as an official method of communication with me, and I am responsible for reading the emails I receive from Strive Community Health Institute on a timely basis.

**Contact:** I authorize Strive Community Health Institute and its employees, agents and contractors to contact me at my current, and any future, cellular phone number(s), email address(es), or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Strive Community Health Institute, or to receive general information from or about Strive Community Health Institute. I authorize Strive Community Health Institute and its employees, agents and contractors to use automated telephone dialing equipment, artificial or prerecorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent for Strive Community Health Institute to call my cellular phone by submitting my request in writing to Strive Community Health Institute, or in writing to the applicable employee, contractor or agent contacting me on behalf of Strive Community Health Institute.

**Updating Contact Information:** I understand and agree that I am responsible for keeping Strive Community Health Institute up to date with my current physical address, email address, and phone number  
procedure is incorporated herein by reference. Upon leaving Strive Community Health

Institute for any reason, it is my responsibility to provide Strive Community Health Institute with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Strive Community Health Institute.

### FINANCIAL AID

I understand that if I am a recipient of financial aid (grants, loans, scholarships, and/or employment), I must adhere to federal, state, grant, and institutional policy. I understand that it is my responsibility to pay Strive Community Health from any outside resources such as scholarships, stipends, service awards, contract payments, exemptions, or any other payment received from an outside agency as these funds are oftentimes mailed directly to the student. I am responsible for notifying the Strive Community Health Institute if I have applied for the these types of funds. If some, or all, of



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my financial aid is revoked because I dropped or failed to attend class, I agree that I am responsible for repaying all aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

### **PRIZES, AWARDS, SCHOLARSHIPS AND GRANTS**

I understand that in certain situations, monetary prizes, awards, scholarships, and grants awarded to me by Strive Community Health Institute may be credited to my student account and applied toward any outstanding balance. I further understand that my receipt of a monetary prize, award, scholarship or grant may be considered a financial resource according to federal or state financial aid regulations, and may therefore reduce my eligibility for other federal and/or state financial aid (i.e., loans, grants, Federal Work Study) which, if already disbursed to my student account, must be reversed and returned to the aid source.

### **METHOD OF BILLING**

I understand that Strive Community Health Institute uses electronic notification of outstanding debts and due dates as its official billing method, and therefore I am responsible for viewing and paying outstanding debts by their scheduled due date. I further understand that failure to review my account and due dates does not constitute a valid reason for not paying my debts on time.

### **BILLING ERRORS**

I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Strive Community Health Institute.

### **RETURNED PAYMENTS/FAILED PAYMENT AGREEMENTS**

If a payment made to my student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a dishonored payment fee of \$20. I understand that multiple returned payments and/or failure to comply with the terms of any payment plan or agreement I sign with Strive Community Health Institute may result in cancellation of my classes and/or suspension of my eligibility to register for future classes at Strive Community Health Institute.

### **WITHDRAWAL**

If I decide to completely withdraw from Strive Community Health Institute, I will follow the instructions at [www.striveca.org](http://www.striveca.org), which I understand and

agree are incorporated herein by reference.



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### **PRIVACY RIGHTS & RESPONSIBILITIES**

I understand that Strive Community Health Institute is bound by the Family Educational Rights and Privacy Act (FERPA)

which prohibits Strive Community Health Institute from releasing information from my education records without my permission, subject to certain exceptions under law. Therefore, I understand that if I want Strive Community Health Institute to share information from my education records with someone else, I must provide permission. I further understand that I may revoke my permission at any time by utilizing these same procedures.

**I have read, understand, and consent to the terms of this agreement, as applicable, and that I have an opportunity to ask any questions I may have by contacting **Student Accounts Office at 916-538-7719.****

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_