

THIRD-PARTY APPLICATION FORM

Third-party payments, including employer reimbursements, must be considered with other financial assistance when determining a student's eligibility for federal aid. If you are receiving a payment from a third-party agency, complete the sections below to ensure your financial awards are properly calculated.

The information below will also help us to invoice any third-party agency or sponsor assisting with paying your fees. Attach any copies of a letter of credit or contract that verify you will be sponsored by a third-party. If you will receive payment directly from the third-party, your balances are still due according to any promissory notes or payment plans signed for the applicable period.

Student Name:		Stude	nt ID #:
Last, First, Middle			
Campus:		Term:	<u></u>
Select one: I'll be paid di	rectly and will pay MBI	J Invoice the follow	ving third-party
Employer/Agency Name/Spo Employer/Agency Address/S	ponsor:		
Employer/Agency Contact Po		ne	
I authorize billing representa sponsoring agency to proces		ormation regarding my accou	nt that is required by my
Signature		Date	
Please check the charges list All Tuition: or Part o		d-party agency will pay: (list the amount the a	agency will pay if not full)
Health Insurance:	Lab Fees:	Course Material Fees:	Parking Tags:
Student Activity Fees:	Add/Drop Fees:	Transcript Fees:	Campus housing:
Period that agency will cover Until degree is awarded:	•		

Note: PAYMENT MUST BE RECEIVED BY THE END OF EACH TERM. THE STUDENT WILL NOT BE ELIGIBLE FOR REGISTRATION IN

Missouri Baptist University
ATTN: Elizabeth Poeling
Financial Services Office
One College Bark Drive St. L.

THE FOLLOWING TERM IF THE ACCOUNT BALANCE IS UNPAID.

One College Park Drive, St. Louis, MO 63141

poelinge@mobap.edu Phone: 314-392-2309

Fax: 314-744-5320