Worksheet

Use this simple worksheet if you need help determining your Total Budget Amount.

1. Estimate the total charges for the 2006-2007 academic year, fall semester 2006 or spring semester 2007.

a) Full-year/semester tuition	\$
b) Fees	\$
c) Room and board	\$
Total Estimated Charges	\$

2. Estimate the funds that will be available to pay the bill.

Total Estimated Resources	\$
c) Any deposits paid to the college	\$
b) Loans	\$
a) Scholarships/grants	\$
Latinate the funda that will be available	able to pay the bill.

3. TOTAL BUDGET AMOUNT

Total 1 minus Total 2



Please enter your Total Budget Amount on the application on the reverse. You may estimate the amount if you are unsure—your plan can be revised later by calling Key Education Resources.

 Your monthly payment will equal the Total Budget Amount divided by 10, 5 or 4 (example: \$20,000 ÷ 10 = \$2,000).

\$;	÷		=	\$
Total Budget Amount		# of pmts		Your monthly payment

Applications submitted by mail must include the application fee and any back payments due—please refer to the chart below for the full year and fall only plan options.

If application is received by Key	Back payments due	Next payment due
Before June 1	none	June 1
After June 1	1	July 1
After July 1	2	August 1
After August 1	3	September 1

Monthly Payment Plan Agreement/ Terms and Conditions

KeyBank NA has been designated by the school named in your application as its payment plan servicer.

As the participant, you may be charged a non-refundable annual fee to participate in the plan. You will make scheduled payments in U.S. dollars by check or money order, by Direct Debit Option (DDO), or by accepted credit or debit card types to the payee, KeyBank NA, or such other party as designated by KeyBank NA. Payments are to be made at such times and in such manner that the full amount of each payment will be received by KeyBank NA on or before the scheduled payment due date. Late payments may be subject to an additional fee assessed on behalf of the school. The amount of the payment shall be credited to the participant's account with KeyBank NA. KeyBank NA will charge a \$20 service fee for all returned payments, which you will be billed for, along with any related fees that the school may assess. You may also incur separate charges from your financial institution for returned payments. Unpaid service fees due to KeyBank NA will be deducted from the next remittance forwarded to the school from your account.

KeyBank NA will disburse the balance in the participant's account to the school named in the application as required by the school until such a time as all funds are disbursed in full, or the account is closed for any reason. The obligation of KeyBank NA to make disbursements to the school shall at all times be limited to the amount in the participant's account. If any payment due is not received by the close of business on the last day of the month following the month in which it is due, the participant's plan can be terminated.

The participant and any party authorized by the participant to access account information shall indemnify, defend and hold harmless KeyBank NA from and against any and all claims, demands, damages, costs, liabilities and losses, including litigation expenses and reasonable attorney's fees that KeyBank NA may incur or suffer or be required to pay arising out of KeyBank NA's release of account information as requested on the application.

As the participant, you may terminate the agreement at any time by submitting written notice to KeyBank NA, in which event KeyBank NA shall pay the balance in your account to the school unless written instructions to the contrary are received from the school. Termination of the agreement on your part shall not release you from your financial obligation to the school. The agreement will terminate in any event upon plan termination due to delinquency or upon the making of the final school disbursement as provided for in the third paragraph above.

If you have any questions, please call the Education Resource Line®. Education financing advisors are ready to help.

1.800.KEY.LEND

Mon.-Fri., 8:00 a.m. to 8:00 p.m. Sat., 10:00 a.m. to 2:00 p.m., ET Visit our Web site at www.Key.com/educate

Printing compliments of Key Education Resources®.

Rev. 2/06

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KeyBank

SARAH LAWRENCE COLLEGE

Monthly Payment Plan

Three Easy Steps To Enroll:

- Review this brochure
- 2 Calculate the amount of your plan
- 3 Apply for your plan

1.800.KEY.LEND www.Key.com/slc

Key Education Resources® 2006-2007



The Sarah Lawrence College Monthly Payment Plan. administered by Key Education Resources®, is a convenient alternative to lump-sum semester payments.

Features

- · Equal monthly payments
- No interest charges
- · Low cost—only a \$95 application fee
- · No credit review
- Payment by direct debit, check or credit card
- Apply online at www.Key.com/PaymentPlan or by mail

Easy to apply and renew

Any parent, guardian or student at Sarah Lawrence College is eligible for the Monthly Payment Plan*. Both the first-time application and annual renewal are fast, simple and can be easily completed online at www.Key.com/slc. If you apply online, Key will mail you a bill for the \$95 non-refundable application fee. Or if you choose, you may complete the attached paper application and mail it to Key with the application fee. Upon receipt of your application and fee, Key Education Resources will establish your account and notify Sarah Lawrence College of your participation in the plan.

Simple payment schedule

As a full year plan participant, you make 10 equal monthly payments beginning June 1. Or as a single semester plan participant, you make 5 equal monthly payments beginning June 1 for the fall semester or 4 equal monthly payments beginning December 1 for the spring semester. Note: If you check a semester plan you must be attending only for that semester. Key Education Resources sends you a monthly billing statement.

If you enroll in the plan by mail after your desired start date, you must include all back payments due with your application and the appropriate application fee-please see the chart at the bottom of the worksheet.

Payments are due on the first day of every month. A late payment charge of \$25 will be assessed on accounts with monthly payments in default for a period of 10 days or more. Accounts more than 60 days past due will be terminated and are ineligible to continue this program. If your account is closed, you are required to pay the college directly all charges due at that time. A detailed report of your account status is provided to the college each month.

Establish a plan for any amount

You may use the Monthly Payment Plan to pay any amount, up to the total cost of education. Use the attached worksheet to help you determine the total amount you owe the college for the upcoming year and choose your Total Budget Amount. If you choose a Total Budget Amount that is less than the total amount you owe the college, you must pay the difference directly to the college.

If you are unsure of your Total Budget Amount, you may estimate it. When you know the actual amount you owe the college, simply call Key Education Resources to revise your plan.

Flexible payment choices

Payments can be made by check, money order, credit card or deducted from your checking account with the direct debit option. To pay by credit card using the Key Tuition Charge Service, simply call toll-free 1-877-429-7258 or visit www.Key.com/payoptions. A convenience fee is assessed for each transaction made with this service. To select the direct debit option, complete the provided Direct Debit Authorization Form. International payments, made in U.S. currency, can be made by wire transfer. Call 1-617-348-0010 for instructions.

Helpful tools and low cost loans

For more than 50 years, Key has been helping families achieve their education goals. We have a variety of payment options to assist you from K-12 independent school through graduate school. If you are interested in a lower monthly payment, call Key Education Resources at 1-800-KEY-LEND or visit our website at www.Key.com/educate for information about our low-interest loan programs.

Apply online at www.Key.com/slc Questions? Call 1.800.KEY.LEND

Sarah Lawrence College Payment Plan Application Apply online at www.Key.com/PaymentPlan or submit this application by mail.

All items are required, except where noted. Please print.

Select the appropriate start date and term (you may choose only one): 6/1, 10 month (available to students enrolled for the full year) 6/1, 5 month (available only to students only enrolled for the fall semester) 12/1, 4 month (available only to students only enrolled for the spring semester) 12/1, 4 month (available only to students only enrolled for the spring semester) Participant INFORMATION (person to be billed) Participant date of birth	If you had a plan for this student at this school last year, please indicate your account no.				
Participant Soc. Sec. No. ———————————————————————————————————	6/1, 10 month (available to students enrolled for the full year) 6/1, 5 month (available only to students only enrolled for the fall semester)				
Participant / Person to be billed (First) (MI) (Last) Street address City State Zip Phone: home alternate () - () - Participant e-mail address (optional) I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. Student date of birth / / Student will be a (check one):	PARTICIPANT INFORMATION	ON (perso	n to be billed	<u>i)</u>	
(Mr/Mrs/Ms/Dr) Street address City State Zip Phone: home alternate () - () - Participant e-mail address (optional) I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. Student date of birth / / Student will be a (check one):	Participant Soc. Sec. No.		Participant o	date of birth	
City State Zip Phone: home alternate () — () — Participant e-mail address (optional) I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. Student date of birth / / Student will be a (check one):					
Phone: home alternate () — () — Participant e-mail address (optional) I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No.	Street address				
Participant e-mail address (optional) I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. / / Student will be a (check one):	City		State		Zip
I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. Student date of birth / Student will be a (check one):	Phone: home		alternate		
I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. / / Student will be a (check one):	() –		()	_	
(Mr/Mrs/Ms/Dr) (First) (MI) (Last) STUDENT INFORMATION Student (First) (MI) (Last) Student Soc. Sec. No. / Student will be a (check one):	Participant e-mail address (optional)				
Student (First) (MI) (Last) Student Soc. Sec. No. Student date of birth / / Student will be a (check one):	I authorize the following person to access account information (optional): (Mr/Mrs/Ms/Dr) (First) (MI) (Last)				
Student Soc. Sec. No. Student date of birth Student will be a (check one):	STUDENT INFORMATION				
Student will be a (check one):	Student (First)	(MI)	(Last)	
	Student Soc. Sec. No.				
☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad	Student will be a (check one):				
·	☐ Freshman ☐ Sophe	omore	Junior	☐ Senio	r Grad

This is the TOTAL plan amount, not the monthly payment amount.



I have read and I agree to the Monthly Payment Plan Terms and Conditions outlined on the back panel.

Signatu	re of participant		Date
\$95 Annual +	\$	=	\$
app. fee	Back payments (if applicable)		Amount enclosed

Your fee and back payments due (if applicable) must be enclosed and cannot be withdrawn through direct debit.

Please detach and mail your application with your check for the amount due (payable to KeyBank NA) to: Monthly Payment Plan, P.O. Box 55568, Boston, MA 02205-5568.

2006-2007

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^{*} Please note that the participant may authorize a person on the application to have access to all account information and to be able to make changes to the account on the participant's behalf.