

2024-2025 Enrollment Contract Addendum

For NC Equal Opportunity Scholarship Program Recipients

Print Name of Parent/Guardian _____

Print Name of Parent/Guardian _____

Family Tier _____

The students listed below have been offered a NC Equal Opportunity Scholarship:

Name of Student	Rising Grade	Amount of Scholarship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL SCHOLARSHIP FUNDS AWARDED TO FAMILY _____

Total Tuition Based on Enrollment Contract: _____

Less **anticipated** amount from scholarship funds: _____

Balance that parent is responsible for paying: _____

We(I) agree to pay the remaining balance by: (Check one of the following options)

- Annual payment due by August 1, 2024. You will be charged \$240 for payments not received by this date.
- Nine monthly payments of _____ (July 2024 – March 2025) payable on/or before the last day of each calendar month. You will be charged \$20.00 per month for payments not received on or before the last day of the month.

In order to remain fair and consistent, the refund policy on the enrollment contract shall apply to all Halifax Academy members, including opportunity scholarship recipients. Any member with a child(ren) attending one day of the semester is liable for the total tuition for the semester and work hours, including the amount that HA has to refund to the scholarship program in the event of withdrawal.

By signing below, we/(I) agree to the payment terms stated above. **If for any reason, the anticipated amount of the scholarship is not received or differs from the above, I understand that I am financially responsible for the difference.**

Parent Signature

Date

Parent Signature

Date