

*Little Priest Tribal College*

P.O. Box 270, Winnebago, NE 68071

# BOOKSTORE

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

Student ID #: \_\_\_\_\_

Please Print:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Title of Book or Item Sold	Price
<b>TOTAL</b>	

My signature below signifies that I am responsible for full payment of the above charges to Little Priest Tribal College. I authorize LPTC to deduct the above charges from my financial aid. If I am ineligible for financial aid or if I fail to follow through with all required financial aid paperwork, I will personally pay for these charges. I understand that if I do not pay for these charges by the end of the current semester, LPTC will proceed with further collection activities including, but not limited to, assignment to a collection agency and court action.

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

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

Office Use only (Initial one)

\_\_\_\_\_ Financial aid application complete    \_\_\_\_\_ Financial aid awarded    \_\_\_\_\_ Self-pay    \_\_\_\_\_ Employer Pay