

# Clover School District Technology Insurance Plan Hardship Form



\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

This form is designed to allow families to request assistance in paying the Technology Insurance Plan fee. Please tell us how much you can afford and if a payment plan would better allow you to pay the fee. Once the hardship is approved and the fee is either paid in full or a payment plan has begun, the student will have take-home access of the personal mobile computing device and be covered by the Technology Insurance Plan.

	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	
	<input type="checkbox"/> Check # _____	
_____ <b>Amount You Can Pay Now</b>	_____ <b>Payment Method</b>	_____ <b>Received By</b>
	_____	_____
	_____	_____

<b>Amount of Assistance Needed</b>	<b>Reason for Hardship</b>
<b>Payment Plan Needed</b>	<input type="checkbox"/> \$5 per month until paid
Date of Monthly Payment: _____	<input type="checkbox"/> \$10 per month until paid
	<input type="checkbox"/> Other: _____

<b>Parent/Guardian Name</b>	<b>Phone Contact</b>
_____	_____
<b>Mailing Address</b>	
_____	

By signing below, you accept the terms of the agreement above once it is approved by the district.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date