

# APPLICATION PAYMENT FORM

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in September 2014 \_\_\_\_\_

## METHOD OF PAYMENT

- Check or money order payable to **LONG ISLAND UNIVERSITY**
- Discover Card
- MasterCard
- Visa

Card Holder's Name (as it appears on credit card) \_\_\_\_\_

Dates \_\_\_\_\_

Credit card number

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CVV (Last 3 Digits on back of the card)

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Expiration Date

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AMOUNT TO BE CHARGED

\$25.00

*Please make checks payable to the Long Island University. Include child's full name at the bottom of check. **You may fax credit card payment information to LIUCGY office at (516) 299-3323.** Please call our office after faxing any information to confirm successful transmission. A tuition due letter and new payment form will be mailed at a later date for the remaining balance. **Mail payments to:***

**Center for Gifted Youth  
LIU Post  
720 Northern Boulevard  
Brookville, NY 11548-1300**

\_\_\_\_\_ I have enclosed a non-refundable application fee of \$25 .

**My signature below denotes that I have read and I am aware of the LIUCGY registration and refund policies.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_