



Mindscope Foundation, LLC agrees to provide educational services as follows to:

STUDENT/CLIENT NAME: _____
PARENT/GUARDIAN: _____
FULL ADDRESS, ZIP: _____
PHONE(S) & EMAIL: _____

ACADEMIC SERVICES or INSTRUCTION REQUESTED

- _____ **ACT/SAT/PSAT Accelerated /Brief Prep Tutoring (15 hours instruction + practice tests)**
FEE: \$900 prepay package
- _____ **ACT/SAT/PSAT Accelerated Prep Tutoring (25-30 hours instruction + practice tests)**
FEE: \$1500 prepay package
- _____ **ACT/SAT/PSAT Prep Tutoring**
FEE: \$60-75/hr. (Hourly cost may vary depending on the number of hours and/or days/times requested)
- _____ **Tutoring: Math, Physics/Biology/Chemistry, Reading Comprehension (Small group or Individual)**
FEE: \$55-95/hr. (Hourly cost may vary depending on the number of hours and/or days/times requested; monthly prepay discounts available)

AS THE CLIENT, OR PARENTS/GUARDIAN FOR ABOVE NAMED STUDENT, I AGREE TO PAY MINDSCOPE, LLC FOR THE SERVICES INDICATED AND REQUESTED ABOVE. I/WE UNDERSTAND THAT REFUNDS WILL NOT BE GRANTED ONCE ACADEMIC PROGRAMS OR SERVICES HAVE COMMENCED AND ANY OUTSTANDING FEES MUST BE PAID IN FULL EVEN AFTER PROGRAM COMPLETION OR CLIENT/STUDENT WITHDRAWAL. ANY EXCEPTIONS TO THIS REFUND POLICY WILL BE GRANTED AT THE SOLE DISCRETION OF MINDSCOPE FOUNDATION, LLC.

WE AGREE TO PAY THE AMOUNT OF _____ TO MINDSCOPE, LLC FOR SERVICES INDICATED ABOVE.

ALL PROGRAM PAYMENTS ARE DUE BEFORE SERVICES ARE RENDERED, EXCEPT AS ARRANGED OR AGREED UPON BY MINDSCOPE FOUNDATION. SCHEDULED PAYMENTS ARE DUE ON THE FIRST DAY OF EACH MONTH; INVOICED PAYMENTS ARE PAYABLE UPON RECEIPT.

THIS FORM CONSTITUTES THE ENTIRE PAYMENT AGREEMENT BETWEEN MINDSCOPE FOUNDATION AND THE STUDENT/CLIENT OR PARENT LISTED ABOVE.

PARENT/CLIENT SIGNATURE: _____
MINDSCOPE STAFF SIGNATURE: _____

WE DO LOOK FORWARD TO WORKING WITH YOU!