

**Missouri Baptist University**  
**THIRD PARTY APPLICATION FORM**

Please complete the following information below to ensure proper invoicing to your third-party billing agency. Please make sure you attach a copy of your letter or contract indicating that you will be sponsored by a third party.

Please print or type the following information:  
 Student Name: \_\_\_\_\_

Last First Middle \_\_\_\_\_  
 Student ID Number: \_\_\_\_\_ Campus: \_\_\_\_\_  
 Term: \_\_\_\_\_  
 Employer/Agency Name \_\_\_\_\_  
 Employer/Agency Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employer/Agency Contact Person: \_\_\_\_\_

Name/Title/Telephone \_\_\_\_\_

I authorize billing representatives to release all information regarding my account that is required by my sponsoring agency to process payment.

\_\_\_\_\_  
 Signature Date

Please check the charges listed below which shall be paid by the agency.  
 Tuition: \_\_\_\_\_  
 (If the agency is not paying full tuition charge, please indicate the amount that the agency will pay \$ \_\_\_\_\_)  
 Technology Fee: \_\_\_\_\_ Lab Fee: \_\_\_\_\_ Application Fee: \_\_\_\_\_  
 Parking Tag: \_\_\_\_\_ Student Activity Fee: \_\_\_\_\_ Add/Drop Fee: \_\_\_\_\_  
 Transcript Fee: \_\_\_\_\_  
 If student is living in dormitory housing, will agency pay?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Period of time that agency will cover expenses for above student:  
 Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_ Until degree is awarded: \_\_\_\_\_

**Note: PAYMENT MUST BE RECEIVED BY THE END OF EACH TERM. THE STUDENT WILL NOT BE ELIGIBLE FOR REGISTRATION, IN THE FOLLOWING TERM, IF THE ACCOUNT BALANCE IS UNPAID.**

One College Park Drive, St. Louis, MO 63141  
 Financial Services Office  
 ATTN: Student Accounts  
[poelinge@mobap.edu](mailto:poelinge@mobap.edu)  
 Phone: 314-392-2309  
 Fax: 314-744-5320