

# Student Housing Meal Plan

Fall 2008 / Spring 2009

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Banner I.D./UH User I.D.

Address: \_\_\_\_\_  
Street  
 \_\_\_\_\_  
City State Zip Code ( ) Phone #

Email: \_\_\_\_\_ Fax#(if available)( ) \_\_\_\_\_

## Please Select One From The Following Meal Plan Choices

Plans	Semester Total	20% Cost
<u>      </u> <b>A</b> 5 Meals/Week + \$475 Flex Points*	\$ 1,687.50	\$ 337.50
<u>      </u> <b>B</b> 7 Meals/Week + \$425 Flex Points*	\$ 1,761.25	\$ 352.25
<u>      </u> <b>C</b> 9 Meals/Week + \$300 Flex Points*	\$ 1,811.25	\$ 362.25

\* For Explanation on Flex Points and other information. See Brochure  
 or

\* Access the Sodexo website at: <http://www.uhhcampusdining.com/>

## Type of Payment

\_\_\_\_\_ Check is enclosed payable to "University of Hawaii at Hilo"

\_\_\_\_\_ Charge to: Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Name of Card Owner: \_\_\_\_\_

Card No: \_\_\_\_\_ Exp. \_\_\_\_\_

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

\_\_\_\_\_ I am on **Athletic Scholarship that includes Meals**. (Copy of scholarship letter must be attached.)

\_\_\_\_\_ I am participating in the **University Installment Payment Plan**. Enclosed, please find my 20% payment for my meal plan. I understand that this service will be available from July 1, 2008 and I agree to enroll in this plan before 4:00 pm, July 18, 2008. If I fail to do so, my meal plan will be cancelled and cancellation fees will be charged. Note: More info on this plan can be found at:  
<http://myuhinfo.hawaii.edu/object/paymentfaq.html>

\_\_\_\_\_ I wish to use my **Financial Aid Award** for my payment. I have documentation of "sufficient financial assistance" to cover my fees. Enclosed please find my payment of 20% for meal plan and a **copy of my financial aid award letter**. Please note that "sufficient financial assistance" includes funds required to pay your tuition, fees, and meal plan. Students will be required to submit payment for the balance that does not cover meal plan after deduction of tuition and fees and/or sign up for the University Installment Payment Plan.

**I certify that all information given on this form to be true and will abide by them. I assume the responsibility for payment of fees under the terms and conditions established by the University, and outlined in this form.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guarantor  
(if applicant is below 18 years of age)

\_\_\_\_\_  
Date

Please submit this form and payment to the: University of Hawaii at Hilo  
Student Housing Office  
200 West Kawili Street  
Hilo, HI 96720

These items may also be faxed to our office at: (808) 974-7652