

# Tuition Payment Agreement (2017)

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Tuition and Fees \$1700.00

I am applying for admission to Sonship School of the Firstborn (SSOTF). I understand that SSOTF will provide me with an opportunity to complete the combination of independent studies curricula, classroom lectures, and outside assignments. Through independent studies, selected readings, examinations, and written assignments, I, upon successful completion of the program, will be able to acquire a Certificate of Diploma from Sonship School of the Firstborn.

I understand that repayment of the balance is recommended. However, because I am unable to pay the full cost of my tuition and fees upon registration, I request that SSOTF allow me to participate in the deferred payment plan. I agree to make the following payments as stated:

<b>Payment Schedule</b>	<b>Residential/Residential External /External Program</b>
<b>Payment 1: \$300</b>	Due upon registration or January 1 <sup>st</sup> , 2017
<b>Payment 2: \$280</b>	NLT February 1, 2017
<b>Payment 3: \$280</b>	NLT March 1, 2017
<b>Payment 4: \$280</b>	NLT April 1, 2017
<b>Payment 5: \$280</b>	NLT May 1, 2017
<b>Payment 6: \$280</b>	NLT June 1, 2017
<b>Total Tuition: \$1700</b>	

I understand that the balance must be paid in full no later than June 1, 2017 for me to remain an active student of SSOTF. The above payment schedule represents tuition, fees, textbooks, study aids, graduation attire, and class ring. Graduation pictures are not mandatory, but can be purchased at additional costs.

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Signature

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Date

# Tuition Payment Agreement (2017)

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Alumni Tuition and Fees \$1530.00

I am applying for admission to Sonship School of the Firstborn (SSOTF). I understand that SSOTF will provide me with an opportunity to complete the combination of independent studies curricula, classroom lectures, and outside assignments. Through independent studies, selected readings, examinations, and written assignments, I, upon successful completion of the program, will be able to acquire a Certificate of Diploma from Sonship School of the Firstborn.

I understand that repayment of the balance is recommended. However, because I am unable to pay the full cost of my tuition and fees upon registration, I request that SSOTF allow me to participate in the deferred payment plan. I agree to make the following payments as stated:

<b>Alumni 10% Discount</b>	<b>Residential/Residential External /External Program</b>
<b>Payment 1: \$300</b>	Due upon registration or January 1 <sup>st</sup> , 2017
<b>Payment 2: \$280</b>	NLT February 1, 2017
<b>Payment 3: \$280</b>	NLT March 1, 2017
<b>Payment 4: \$280</b>	NLT April 1, 2017
<b>Payment 5: \$280</b>	NLT June 1, 2017
<b>Payment 6: \$110</b>	NLT July 1, 2017
<b>Total Tuition: \$1530</b>	<b>Note: Discount applied to last payment</b>

I understand that the balance must be paid in full no later than July 1, 2017 for me to remain an active student of SSOTF. The above payment schedule represents tuition, fees, textbooks, study aids, graduation attire, and class ring. Graduation pictures are not mandatory, but can be purchased at additional costs.

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Signature

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Date

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# Tuition Payment Agreement (2017)

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Married Status Tuition and Fees \$1530.00

I am applying for admission to Sonship School of the Firstborn (SSOTF). I understand that SSOTF will provide me with an opportunity to complete the combination of independent studies curricula, classroom lectures, and outside assignments. Through independent studies, selected readings, examinations, and written assignments, I, upon successful completion of the program, will be able to acquire a Certificate of Diploma from Sonship School of the Firstborn.

I understand that repayment of the balance is recommended. However, because I am unable to pay the full cost of my tuition and fees upon registration, I request that SSOTF allow me to participate in the deferred payment plan. I agree to make the following payments as stated:

<b>Married Couples 10% Discount</b>	<b>Residential/Residential External /External Program</b>
<b>Payment 1: \$150</b>	Due upon registration or January 1 <sup>st</sup> , 2017
<b>Payment 2: \$230</b>	NLT February 1, 2017
<b>Payment 3: \$230</b>	NLT March 1, 2017
<b>Payment 4: \$230</b>	NLT April 1, 2017
<b>Payment 5: \$230</b>	NLT May 1, 2017
<b>Payment 6: \$230</b>	NLT June 1, 2017
<b>Payment 7: \$230</b>	NLT July 1, 2017
<b>Total Tuition: \$1530</b>	<b>Note: Discount applied to last payment</b>

I understand that the balance must be paid in full no later than July 1<sup>st</sup>, 2017 for me to remain an active student of SSOTF. The above payment schedule represents tuition, fees, textbooks, study aids, graduation attire, and class ring. Graduation pictures are not mandatory, but can be purchased at additional costs.

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Signature

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Date

# Acknowledgment and Responsibility Form

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
*(last name, first name, middle initial)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Catalog Year: 2017**

The signature below and/or the checked box certifies that the above named student filed an application on the above date, under the appropriately noted school year and has received a printed copy of the requirements. The student further understands that to be eligible for graduation, it is the student's responsibility to fulfill these and other requirements.

**Student's Signature:**

\_\_\_\_\_

**For Registrar's Office Use  
Posted by:**

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Date**

**PLEASE COMPLETE AND RETURN**

# ENROLLMENT APPLICATION

Full Name: \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Age: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_  
Name Phone

Marital Status: (circle that which apply) Married Single Male Female

How did you hear about SSOTF? \_\_\_\_\_

## **This Section is for Congregants Only**

A. What church are you presently attending? \_\_\_\_\_

B. How long have you attended this church? \_\_\_\_\_

Church phone number: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

## **This Section is for Pastors Only**

A. Name of the church you are currently pastoring: \_\_\_\_\_

B. How long have you been pastoring your church? \_\_\_\_\_

### Select the program of instruction for which you are enrolling:

#### Enrollment status:

- Residential Studies (will be required to attend regularly scheduled classes)
- Resident External Studies (in local area, will not be required to attend regularly scheduled classes)
- External Non-Resident Studies (not in local area)
- Independent Studies (on line self-paced)

#### Complete the following personal information:

A. Date of born again experience: \_\_\_\_\_

B. Are you presently enrolled in any secular educational pursuit? \_\_\_\_\_

C. Do you plan to enroll in any other educational pursuit before completing SSOTF? \_\_\_\_\_

**PLEASE COMPLETE AND RETURN**

