

Tuition Payment Agreement (2011-2012)

Full 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.

Prepayment 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:

Payment Schedule	Independent Study Program	Residential/Residential External Program/External Program
Payment 1: \$300.00	Due upon registration	Due upon registration September 2011
Payment 2: \$280.00	30 days after registration	NLT October 1, 2011
Payment 3: \$280.00	60 days after registration	NLT November 1, 2011
Payment 4: \$280.00	90 days after registration	NLT December 1, 2011
Payment 5: \$280.00	120 days after registration	NLT January 1, 2012
Payment 6: \$280.00	150 days after registration	NLT February 1, 2012

I understand that the balance must be paid in full 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.

Signature

Date

Acknowledgment and Responsibility Form

Name: _____
(last name, first name, middle initial)

Address: _____

City: _____ State: _____ Zip: _____

Auxiliary: _____

Catalog Year: 2011-2012

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

SONSHIP SCHOOL OF THE FIRSTBORN ENROLLMENT APPLICATION

Full Name: _____

Full Address: _____

Home Phone: _____ Work Phone _____

Fax: _____ E-mail address: _____

Contact in case of emergency: _____

Age: _____

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 pasturing: _____

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)
- External Studies** (in local area, will not be required to attend regularly scheduled classes)
- 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? _____

