



EBC Sonship School of The Firstborn

TUITION PAYMENT AGREEMENT

2025 - 2026

REGISTRAR
USE ONLY

Posted by:
Initials _____

Date: _____

Full Time Student: \$1500

As a full-time student, this payment represents tuition, fees, study aids, graduation attire, and class ring. Graduation pictures are not mandatory but can be purchased at additional costs.

- **Non-Refundable Registration Fee for Local Students: \$75**
- **Non-Refundable Registration Fee for Out-of-State Students: \$175**
- **Books:** Four books at \$100 each. Purchased every 3 months.

I agree to abide by one of the following payment plans as stated:

- Payment Plan A:** \$1500.00 / Payment in Full
- Payment Plan B:** Due each month for 10 months
- Payment 1:** \$ 150.00 (March 03, 2025)
 - Payment 2:** \$ 150.00 (April 03, 2025)
 - Payment 3:** \$ 150.00 (May 03, 2025)
 - Payment 4:** \$ 150.00 (June 03, 2025)
 - Payment 5:** \$ 150.00 (July 03, 2025)
 - Payment 6:** \$ 150.00 (August 03, 2025)
 - Payment 7:** \$ 150.00 (September 03, 2025)
 - Payment 8:** \$ 150.00 (October 03, 2025)
 - Payment 9:** \$ 150.00 (November 03, 2025)
 - Payment 10:** \$ 150.00 (December 03, 2025*)

*** I understand that the balance must be paid in full no later than December 26, 2022 for me to remain an active student of EBCSS.**

- Payment Plan C:** 6 - month Payments
- Payment 1:** \$ 250.00 (March 03, 2025)
 - Payment 2:** \$ 250.00 (April 03, 2025)
 - Payment 3:** \$ 250.00 (May 03, 2025)
 - Payment 4:** \$ 250.00 (June 03, 2025)
 - Payment 5:** \$ 250.00 (July 03, 2025)
 - Payment 6:** \$ 250.00 (August 03, 2025)

I am applying for admission to El-Shaddai Bible College & Sonship School (EBCSS). I understand that EBCSS will provide me with an opportunity to complete the combination of independent studies curricula, classroom lectures, and outside assignments. As a Full-Time Student, 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. Pre-payment of the balance is recommended. However, if I am unable to pay the full cost of my tuition and fees upon registration, I request that EBCSS allow me to participate in the deferred payment plan.

Acknowledgment & Responsibility Form

Catalog Year: 2025-2026

The signature below and the checked box certifies that the above named student filed an application on the date below, 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 Printed Name: _____ Date: _____

Student's Signature: _____

REGISTRAR
USE ONLY

Posted by:
Initials _____

Date: _____

Audit Tuition and Fees: \$750.00

As an audit student, this payment represents tuition, fees & study aids. These students will receive the full benefits from the Study of The Word, without the test taking, class assignments or graduation components.

- **Non-Refundable Registration Fee for Local Students: \$25**
- **Non-Refundable Registration Fee for Out-of-State Students: \$125**
- **Books:** Four books at \$100 each. Purchased every 3 months.

I am applying for admission to El-Shaddai Bible College & Sonship School (EBCSS). I understand that EBCSS will provide me with an opportunity to complete the combination of independent studies curricula, classroom lectures, and outside assignments. As an Audit Student I am acquiring greater knowledge, understanding and the revelation of a difference from The Word of God. Pre-payment of the balance is recommended. However, if I am unable to pay the full cost of my tuition and fees upon registration, I request that EBCSS allow me to participate in the deferred payment plan.

I agree to abide by one of the following payment plans as stated:

- Payment Plan A:** \$750.00 / Payment in Full
- Payment Plan B:** Due each month for 10 months
 - Payment 1:** \$ 75.00 (March 03, 2025)
 - Payment 2:** \$ 75.00 (April 03, 2025)
 - Payment 3:** \$ 75.00 (May 03, 2025)
 - Payment 4:** \$ 75.00 (June 03, 2025)
 - Payment 5:** \$ 75.00 (July 03, 2025)
 - Payment 6:** \$ 75.00 (August 03, 2025)
 - Payment 7:** \$ 75.00 (September 03, 2025)
 - Payment 8:** \$ 75.00 (October 03, 2025)
 - Payment 9:** \$ 75.00 (November 03, 2025)
 - Payment 10:** \$ 75.00 (December 03, 2025*)

*** I understand that the balance must be paid in full no later than December 26, 2022 for me to remain an active student of EBCSS.**

- Payment Plan C:** 6 - month Payments
 - Payment 1:** \$ 125.00 (March 03, 2025)
 - Payment 2:** \$ 125.00 (April 03, 2025)
 - Payment 3:** \$ 125.00 (May 03, 2025)
 - Payment 4:** \$ 125.00 (June 03, 2025)
 - Payment 5:** \$ 125.00 (July 03, 2025)
 - Payment 6:** \$ 125.00 (August 03, 2025)

INCOMPLETE STATUS ACKNOWLEDGEMENT

I acknowledge with full understanding, the following:

_____ If for foreseen or unforeseen circumstances, I discontinue this class during the 22-23 school year, I am allowed to stop, however I cannot continue later this year and my payments are non-refundable.

_____ If I choose to continue my studies in the 23-24 school year, my prior payments will be credited towards this year, however I must start from the beginning and pay the full registration fee.

_____ I am not able to continue during the 24-25 school year. I am however, able to restart with all payments, tuition and classes.

_____ I have read all and understand.

Acknowledgment & Responsibility Form

Catalog Year: 2025-2026

The signature below and the checked box certifies that the above named student filed an application on the date below, 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 Printed Name: _____ Date: _____

Student's Signature: _____ I checked incomplete status box above _____

SONSHIP SCHOOL OF THE FIRSTBORN ENROLLMENT APPLICATION

Full Name: _____

Full Address: _____

Cell Phone: _____ Work Phone _____

Fax: _____ E-mail address: _____

Contact in case of emergency:

Emergency Contact Number: _____
Name of person _____ *Relationship to you* _____
Your Age : _____

Marital Status: (circle all that apply) Married Divorced Separated Single Widowed

How did you hear about EBCSS? _____

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 / Local Student (will be required to attend regularly scheduled classes)

~~Resident External Studies / Local Non-Attendees~~ (in local area, cannot attend regularly scheduled classes)
This program is NOT available at this time

Non-Resident Studies / Out of State Student (not in local area)

~~Independent Studies~~ (on-line & self-paced, not subject to guidelines or deadlines)
This program is NOT available at this time

Please 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 attend any other educational pursuit while completing EBCSS? _____
- D. If yes, where and when? _____

PLEASE COMPLETE AND RETURN

Character References:

Please provide two character references:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____

In fifty words or less, explain why you believe a school in the church is essential:

Student's Signature _____ **Date** _____

Registration School Year _____ - _____