

SONSHIP SCHOOL OF THE FIRSTBORN (Dover) ENROLLMENT APPLICATION

*****Upon completion of this enrollment application, please scan and email to sonship@crossroadlife.com or submit to the CCC Administration Office (Mon – Fri: 9a – 4p)*****

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-mail address: _____

Gender:

- Male
 Female

Martial Status:

- Single
 Married

Emergency Contact's Name: _____

Emergency Contact's Phone Number: _____

Please answer the following questions:

1. How did you hear about SSOTF?

2. What do you hope to gain from attending SSOTF?

3. Are you currently a member of a local fellowship? How long have you been a member?

4. Are you currently active in your local fellowship? If so, in what capacity do you serve and how long have you been active in that role?

5. How do you best learn?

6. What would you describe as your greatest strength?

7. What would describe as your greatest area of growth?

8. SSOTF- Dover utilizes multiple forms of technology to accomplish our learning objectives. How frequently do you use technology in your daily lives and in what forms?

9. Are you presently enrolled in any secular educational pursuit? If yes, please indicate what program you are currently enrolled.

10. Do you plan to enroll in any other educational pursuit before completing SSOTF?

*******This Section to be completed by Pastors Only*******

1. Name of the church you are currently pastoring:

2. How long have you been pastoring your church?

3. How would you describe your leadership style?

PLEASE COMPLETE AND RETURN

Character References:

Please give 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 and how it will help you grow:

Student's Signature

Date

SONSHIP SCHOOL OF THE FIRSTBORN RECOMMENDATION FORM (page 1 of 2)

Note: This form is to be completed by the Pastor, Elder, Deacon, or Ministry Leader of your local Church.

_____ is applying for admission to Sonship School of the Firstborn (SSOTF). Your help in evaluating this person's potential for study is of great importance to the SSOTF admissions process. Thank you for your sincere and candid appraisal of this person's character and ability.

1. How long and how well have you known the applicant?

2. On a scale of 1-4, how would you rate the applicant in the following categories: that which you can not answer please leave blank.

(1 - Less than Acceptable; 2 - Acceptable; 3 - Average; 4 - Above Average)

- a) Christian Faith and Commitment _____
- b) Academic competence _____
- c) Ability to communicate _____
- d) Emotional maturity _____
- e) Ability to work with others _____
- f) Participation in the ministry _____

3. Using the same scale, evaluate the applicant's openness to learning,

- a) Reliability, care for others, good judgment and self image: _____
- b) How would you summarize this person's strength's? _____
- c) How would you summarize this person's weaknesses? _____

6. Would you like to work with this person as a part of a congregational staff?

_____ Yes _____ No

Under the United States Family Education Rights and Privacy Act of 1974 (Buckely Amendment), which gives students the right to inspect and review their education records, students may waive their right to see specific confidential statements and leaders of recommendation.

Therefore, one of the following must be check by the applicant:

- _____ I waive my right to examine this recommendation
- _____ I do not waive my right to examine this recommendation

***SONSHIP SCHOOL OF THE FIRSTBORN
RECOMMENDATION FORM (page 2 of 2)***

Thank you for this recommendation. If you have additional remarks, please feel free to express them in the space provided:

Pastor's/Leader's Name: _____

Position/Title: _____

Street Address: _____

City: _____ State _____ Zip _____

Telephone: _____ Cell phone _____

Signature: _____ Date: _____

To submit this recommendation form:

1. Scan and email to sonship@crossroadlife.com, or
2. Mail directly to:

Sonship School of the Firstborn
ATTN: Crossroad Christian Church – SSOTF Administrator
4867 North Dupont Hwy
Dover, DE 19901-0542

Tuition Payment Agreement (2019-2020)

Note: To be completed if the prospective student intends to utilize the SSOTF Deferred Payment Plan.

Full Tuition and Fees: \$1,950 (\$350 – Registration; \$1,600 – Tuition)

I am applying for enrollment into Sonship School of the Firstborn (SSOTF) - Dover. 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 prepayment of the balance is recommended. However, because I am unable to pay the full cost of my tuition upon registration, I request that SSOTF allow me to participate in the deferred payment plan.

Please check the box next to the Deferred Payment Plan you plan to enroll:

Individual

Couples

Individual Deferred Payment Plan			Couples Deferred Payment Plan		
Payment	Amount	Due Date	Payment	Amount	Due Date
1	\$200	November 9, 2019	1	\$320	November 9, 2019
2	\$200	December 14, 2019	2	\$320	December 14, 2019
3	\$200	January 11, 2020	3	\$320	January 11, 2020
4	\$200	February 8, 2020	4	\$320	February 8, 2020
5	\$200	March 14, 2020	5	\$320	March 14, 2020
6	\$200	April 11, 2020	6	\$320	April 11, 2020
7	\$200	May 9, 2020	7	\$320	May 9, 2020
8	\$200	June 13, 2020	8	\$320	June 13, 2020
*Note: A \$20 fee will be assessed for each late payment.			9	\$320	July 11, 2020
			10	\$320	August 8, 2020

I understand that each monthly payment must be paid by the due date or I will incur a \$20 late payment fee. _____ (Student initials).

I understand that the balance must be paid in full no later than ***the last payment date listed for my deferred payment plan*** in order for me to graduate from SSOTF _____ (Student initials).

I understand the above payment schedule reflects the total cost for my tuition, fees, textbooks, study aids, graduation attire, and class ring. Graduation pictures are not mandatory, but can be purchased at an additional cost. _____ (Student's initials).

Signature Date

PLEASE COMPLETE AND RETURN

Acknowledgment and Responsibility Form

Date: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Auxiliary/Auxiliaries (current active participation):

Please note: Active participation in a church sponsored auxiliary is required for admission into SSOTF-Dover

Student's Signature: _____

For Registrar's Office Use Posted by:

Catalog Date (Month/Day/Year): _____

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.

SSOTF Admin Staff Initials: _____

Date: _____