

# Saint Thomas Institute School of Ministry

## Saint Thomas Christian College & Seminary

Jacksonville, FL

### APPLICATION FOR ENROLLMENT 2010-2011

#### Personal Information

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

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

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

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Home: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

#### Information on Previous Education

List all schools attended (including High School and credits and/or degrees)

Institution	Location	Years Attended	Degree Earned

**Please have copies of High School Diplomas, or G.E.D. or official transcripts for all colleges attended sent to the STCC Registrar.**

<b>For Office Use Only</b>	<b>School ID</b> _____
Date Received: _	___Y ___N___ <b>Registration Fee Paid</b>
<b>Status:</b>	
<b>Student Number</b>	___Y ___N___ <b>Assessment Fee Paid</b>
<b>Assigned Advisor:</b>	
<b>Date Processed:</b> _____	<b>Admittance Status</b> ___ <b>Accepted</b> ___ <b>Declined</b> ___ <b>Pending</b>
<b>Date Graduated</b> _ GPA: _____	



## **APPLICATION FEE SCHEDULE**

**(Please note that no applications will be processed without the appropriate fees)**

### **Application Fee \$100.00**

\_\_\_\_\_ I have enclosed a check or money order for the total made payable to: STCC

\_\_\_\_\_ Application Fee

Please charge my \_\_\_\_\_ MasterCard or \_\_\_\_\_ VISA

Total Credit Card Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

(Your signature authorizes STCC to charge your credit card for the amount listed above.)

CVV2 Number: \_\_\_\_\_ (3 digit number on back of card)

### **STCC Student Covenant**

I certify that the information presented on this application is true and accurate to the best of my ability. Furthermore, I am in agreement with the STCC Statement of Faith and I agree to abide by the policies of the School as outlined in the STCC catalog. I also agree to lift the School, its professors, staff and students up before the Lord in prayer daily.

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Signature

Date

Saint Thomas Institute

School of Ministry  
Tuition Agreement Form  
(must be completed with application)

The Saint Thomas Institute School of Ministry (pre-licensing and pre-ordination) program is a twelve (12) month intensive training program for those with a call for ministry. The cost of this program is \$1500 for onsite students and \$1680 for Distant Learning Students. Once a student is formally accepted into the program and attends the first class the total tuition is due. There will be absolutely no refunds. If you elect to pay using our extended payment plan, payments will continue until the total tuition has been paid.

**Payment Options**

- \_\_\_\_\_ One time payment option for onsite students - \$1500  
 \_\_\_\_\_ One time payment option for Distance Learning students - \$1680  
 \_\_\_\_\_ Monthly (\$100 per month for 12 months – onsite students)\*  
 \_\_\_\_\_ Monthly (\$115 per month for 12 months – Distance Learning Students)\*  
 \*first payment due on 1<sup>st</sup> day of class

**Payment Information**

\_\_\_\_\_ Check    \_\_\_\_\_ Mastercard    \_\_\_\_\_ Visa    \_\_\_\_\_ Debit/Check Card

**A. Bank Payment Information only – (please attach a voided check)**

Name of Bank \_\_\_\_\_ City/ST \_\_\_\_\_  
 Bank routing number \_\_\_\_\_ Account number \_\_\_\_\_

**B. Credit Card/Debit Card Payment**

Type: \_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard    \_\_\_\_\_ Debit/Check Card  
 Credit card number \_\_\_\_\_  
 Expiration Date: (Month/Year) \_\_\_\_/\_\_\_\_ CVV2 \_\_\_\_\_ (located on back of card)

<p>Automatic Monthly Payment Plan</p> <p>Total Balance Due _____</p> <p>Month of 1<sup>st</sup> payment _____</p> <p>Day to be debited _____</p> <p>Number of payments _____</p> <p>Amount of each payment _____</p> <p><small>(Payments will be processed on the day of the month that you have selected above. All returned checks will be cost \$35 per returned check and will be automatically added to you invoice.)</small></p>	<p>I have read and understand that by signing this addendum to my application that I am agreeing to a debt that will be satisfied as outlined on this form.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Student/Payor Signature</p> <p>Date: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">S.T.C.C. Representative Signature</p> <p>Date: _____</p>
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**Student Application Checklist**

- \_\_\_\_\_ Personal information section complete
- \_\_\_\_\_ Previous education section complete
- \_\_\_\_\_ School of Ministry section complete
- \_\_\_\_\_ Application Fee enclosed
- \_\_\_\_\_ Letters of recommendation (3 – one must be from your pastor)
- \_\_\_\_\_ Tuition agreement complete and signed
- \_\_\_\_\_ Keep copy of application for your own personal record

