

BIBLE COLLEGE REGISTRATION FORM – ON-SITE STUDENT

SEMESTER DATE: _____ 20____
 FULL NAME: _____
 ADDRESS: _____
 CITY, STATE and ZIP: _____
 PHONE: _____
 EMAIL ADDRESS: _____

- CORRESPONDENCE STUDENT
- CREDIT STUDENT
- CREDIT & AUDIT STUDENT
- AUDIT STUDENT
- VOLUNTEER WORK PROGRAM

COURSE TITLE	CREDIT HRS	BOOK FEE	TUITION

ALL BOOKS MUST BE PAID FOR IN ADVANCE

AMOUNT DUE FOR THIS SEMESTER:

BOOK FEE \$ _____
 TUITION FEE \$ _____
 REGISTRATION FEE \$ 50.00 (ALL STUDENTS ARE REQUIRED TO PAY)
 APPLICATION FEE \$ _____ (FIRST TIME STUDENTS ONLY)

TOTAL AMOUNT DUE	\$ _____
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Payment Plan Log	
AMOUNT	DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	

PAYMENT PLAN:

TOTAL AMOUNT DUE THIS SEMESTER \$ _____
 AMOUNT PAID TODAY -\$ _____ (DATE: _____)
 UNPAID BALANCE = \$ _____
 BALANCE TO BE PAID IN PAYMENTS OF \$ _____ PER (WK, MONTH, DAYS)

BOOK FEE (\$30.00 per book)
 TUITION FEE (\$100.00 per course)
 APPLICATION FEE (\$25.00 – ONE TIME FEE for new students)



Promissory Note

There will be a LATE CHARGE of \$15.00 applied to your bill starting 5 days after the due date. Starting on the 6TH day, there will be a CHARGE of \$1.00 PER DAY until the payment is made.

I understand the above charges & the terms of the promissory note and agree to the payment plan stated above.

Signature: _____ **Date:** _____

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Please print clearly and fax to 913-294-2366 in order to make your payment by credit/debit card

Student's First and Last Name: _____

Cardholder's First and Last Name (if different than above): _____

Card Billing Address: _____

City/State/Zip: _____

Credit/Debit Card Number: _____

(We accept Mastercard, Visa, Discover and Debit cards)

Expiration Date (month/year): _____

Total Amount to be charged: \$_____

I agree that I am the cardholder of the credit/debit card listed above. I give Friendship Faith Ministries' permission to charge my card for the TOTAL amount listed above.

***If using a credit or debit card, 3% plus a \$.30 transaction fee will be charged to the total amount owed.**

Signature: _____

Date: _____