



# Chayil

INTERNATIONAL  
BIBLE COLLEGE & SEMINARY

## SPONSOR COMMITMENT

Dear Sponsor:

Please review the Seminary Fee structure before you fill out this form.

Candidate Name (Clearly Print): \_\_\_\_\_

Please select one:

- |  |  |
|--|--|
| <input type="checkbox"/> PFB Systematic Bible Survey Certificate         | <input type="checkbox"/> Kingdom School of the Prophets                |
| <input type="checkbox"/> PFB Systematic Old Testament Survey Certificate | <input type="checkbox"/> Kingdom Biblical Preaching Program            |
| <input type="checkbox"/> PFB Systematic New Testament Survey Certificate | <input type="checkbox"/> Kingdom School of Leadership                  |
| <input type="checkbox"/> PFB Systematic Doctrine Study Certificate       | <input type="checkbox"/> Minister Training/License Program             |
| <input type="checkbox"/> PFB Systematic Theology Study Certificate       | <input type="checkbox"/> Ordination Program Minister-In-Training (MIT) |

I/We undertake to pay the full fees for the candidate to be enrolled in the above-selected course: \$ \_\_\_\_\_

I/We will be responsible for paying for the textbooks needed as well.  Yes  No

1. List the total Certificate fees required by the Seminary: \$ \_\_\_\_\_

2. Sponsor will pay:  Full payment  Payment Plan

3. I hereby undertake to support the above student for the entire period of study at Chayil International Bible College & Seminary by arranging to transfer either in full or in installments as per the provision made in the rules, on or before the specified dates.

Sponsor's Name (Clearly Print): \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I understand that if the candidate withdraws for any reason, all fees are non-refundable.

**Email to: [ChayilBibleCollege@TheChowChurch.org](mailto:ChayilBibleCollege@TheChowChurch.org)**