



SCHOOL OF CORRESPONDENCE EDUCATION (SCE)

A MINISTRY OF CALVARY CHAPEL COSTA MESA

STUDENT SPONSOR FORM - EDUCATION DEPT./PRISON CHAPLAIN/ADMIN

SPONSOR'S PERSONAL INFORMATION

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DAY PHONE: _____ CELL PHONE: _____ FAX: _____

EMAIL: _____

DETAILED SHIPPING INSTRUCTIONS

PRISON OR DEPARTMENT NAME: _____

STREET ADDRESS: _____
 (TO RECEIVE USPS SHIPMENT) (PO BOX FOR REGULAR MAILING)

CITY: _____ STATE: _____ ZIP: _____

PLEASE CHECK IF YOUR FACILITY IS UNABLE TO RECEIVE CD'S AND AUDIO TAPES WILL BE SENT IN LIEU OF COURSES ON MP3 CD'S,

ARE THERE ANY OTHER RULES OR REGULATIONS WE SHOULD ADHERE TO WHEN SHIPPING MATERIALS TO YOU? **DOES YOUR FACILITY ALLOW HARDBACK BOOKS?**
WHAT IS THE MAXIMUM NUMBER OF TAPES A PRISONER CAN RECEIVE AT ONE TIME? CAN WE SHIP COURSE MATERIALS/TAPES DIRECTLY TO THE STUDENT?

APPLICANT RELATION INFORMATION

APPLICANT'S NAME: _____

HOW LONG HAVE YOU KNOW THE APPLICANT? _____ HOW LONG HAS THE APPLICANT BEEN AN ACTIVE BELIEVER? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

DESCRIBE THE EVIDENCES YOU SEE IN THE APPLICANT'S LIFE THAT DEMONSTRATE HIS OR HER COMMITMENT TO FOLLOW CHRIST? _____

SPONSOR RESPONSIBILITY AGREEMENT

AS A SPONSOR FOR A CALVARY CHAPEL BIBLE COLLEGE PRISON DIVISION STUDENT, I HEREBY AGREE TO THE FOLLOWING:

- To facilitate the receiving of course materials; audio tapes or MP3 CD's and course guides from the college.
- Provide student with access to the course materials in order for them to fulfill course assignments in a timely manner

SIGNATURE: _____ DATE: ____/____/____

PRINT NAME: _____

**SPONSOR MUST RETURN THIS FORM TO: CCBC - SCHOOL OF CORRESPONDENCE EDUCATION, 39407 MURRIETA HOT SPRINGS ROAD, MURRIETA, CA 92563*