



ARCHDIOCESE OF HARTFORD
 OFFICE OF RELIGIOUS EDUCATION CATHOLIC BIBLICAL SCHOOL
 ST. THOMAS SEMINARY CERTIFICATE IN BIBLICAL STUDIES
 467 BLOOMFIELD AVENUE
 BLOOMFIELD, CONNECTICUT 06002

PLEASE ATTACH A PHOTO
 of any size and quality

APPLICATION FOR ENROLLMENT FORM

DO NOT MAIL THIS APPLICATION. Please bring it with you to your interview, along with a photo and your enrollment deposit (see below).

Name: _____ Name for Nametag: _____
 Address: _____ City: _____ ZIP: _____
 Employer: _____ Occupation: _____
 Phone (with area code): (Daytime) _____ (Evening or cell—circle one) _____
 Email: _____ Date of Birth (month/day/year): _____
 Social Security No.: _____ Parish (Name and Town): _____

PLEASE CHECK ALL THAT APPLY:

<u> </u> SINGLE	<u> </u> MARRIED	<u> </u> DIVORCED	<u> </u> WIDOWED	<u> </u> PRIEST	<u> </u> DEACON	<u> </u> SISTER	<u> </u> BROTHER
PLEASE CIRCLE LAST YEAR OF SCHOOL COMPLETED							
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4 5	DEGREE: _____		
ELEMENTARY	HIGH SCHOOL	COLLEGE		GRADUATE SCHOOL	FIELD: _____		

<u> </u> YES	<u> </u> NO	I WILL ATTEND THE REQUIRED ORIENTATION/SCRIPTURE DAY AT THE ARCHDIOCESAN CENTER AT ST. THOMAS SEMINARY, BLOOMFIELD CT. (Saturday <i>after</i> Labor Day, 8:30 -3:00)
<u> </u> YES	<u> </u> NO	I AM APPLYING FOR ENROLLMENT IN ST. THOMAS SEMINARY AND WISH TO RECEIVE UNDERGRADUATE CREDIT FOR MY COURSE WORK. (An additional \$50 administrative fee and increased academic requirements assessed.)

PLEASE SET UP YOUR INTERVIEW EARLY. IT REQUIRES ABOUT 2 WEEKS TO COMPLETE THE ENROLLMENT PROCESS. CONTACT MS. JILL COSTA TO MAKE AN APPOINTMENT (860) 243-9465.

In what Bible courses or Bible study groups (if any) have you participated? For how long? (Continue on reverse, if desired.)

What are your goals for participating in the Catholic Biblical School? (Continue on reverse, if desired.)

PLEASE CIRCLE IF YOU ARE INVOLVED IN ANY OF THE FOLLOWING MINISTRIES:

EXTRAORDINARY MINISTER OF THE EUCHARIST RELIGIOUS EDUCATION LECTOR RCIA MUSICIAN/SINGER/CANTOR (CIRCLE ONE) OTHER: SPECIFY _____

TUITION FOR THE FIRST YEAR IS \$250. THE FIRST HALF OF YOUR TUITION IS DUE UPON ACCEPTANCE OF ADMISSION. THE SECOND HALF IS DUE OCTOBER 1. BECAUSE NO ONE CAN REPLACE YOU ONCE THE PROGRAM HAS BEGUN, TUITION IS **NOT REFUNDABLE**.

A LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE. TO BE CONSIDERED FOR A SCHOLARSHIP, YOU MUST SUBMIT A SEPARATE SCHOLARSHIP APPLICATION BY AUGUST 15. (June 15 in subsequent years.)

FOR OFFICE USE ONLY INTERVIEW _____ ACCEPTED _____

YEAR I: Tuition: _____ Location: _____
 YEAR II: Tuition: _____ Location: _____
 YEAR III: Tuition: _____ Location: _____
 YEAR IV: Tuition: _____ Location: _____

www.orehartford.org

Phone: (860) 243-9465 • Fax: (860) 243-9690

<http://bjdhorehartford.blogspot.com/>