

B. H. Carroll Theological Institute

Application for Reader

301 S. Center St., Suite 100
Arlington, TX 76010
(817) 274-4284 Ph. (817) 274-2226 Fax

Website: <http://www.bhcti.org>

Email: admissions@bhcti.org

Date of Application _____

Personal Information PLEASE PRINT CLEARLY

1. Name:

LAST

FIRST

MIDDLE

PREFERRED NAME

MAIDEN NAME (IF APPLICABLE)

2. Current addresses and phones:

(STREET, APARTMENT NO., BOX NUMBER)

CITY

STATE

ZIP

PRIMARY PHONE

OTHER PHONE

EMAIL

FAX NUMBER

3. Date of Birth: _____

4. Gender: Male Female

5. Marital Status: Single Married Widowed

6. Current Church Membership:

CHURCH NAME

CITY AND STATE

PASTOR

YEAR OF MEMBERSHIP

Enrollment Information

Face-to-face course Teaching church location: _____

Online course (special permission required – contact nmuskrat@bhcti.org)

(Revised 12/1/2011)