



## ARCHDIOCESE OF HARTFORD

OFFICE OF EDUCATION, EVANGELIZATION AND CATECHESIS  
ST. THOMAS SEMINARY  
467 BLOOMFIELD AVENUE  
BLOOMFIELD, CONNECTICUT 06002

PLEASE ATTACH A PHOTO  
of any size and quality

# APPLICATION FOR ENROLLMENT

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/Cell) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

Parish (Name and Town): \_\_\_\_\_

### EMERGENCY CONTACT

Name

Phone

PLEASE CHECK ALL THAT APPLY:

☐ SINGLE

☐ MARRIED

☐ DIVORCED

☐ WIDOWED

☐ PRIEST

☐ DEACON

☐ SISTER

☐ 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 5

DEGREE: \_\_\_\_\_

ELEMENTARY

HIGH  
SCHOOL

COLLEGE

GRADUATE  
SCHOOL

FIELD: \_\_\_\_\_

☐ YES

☐ NO

I WILL ATTEND THE **REQUIRED** ORIENTATION/SCRIPTURE DAY AT THE PASTORAL CENTER (St. Thomas Seminary), BLOOMFIELD CT. (Saturday *after* Labor Day, 8:30 -3:00)

☐ YES

☐ NO

I WISH TO RECEIVE UNDERGRADUATE CREDIT FOR MY COURSE WORK. (An additional \$80 fee and increased academic requirements assessed. See catalogue and course syllabus for details.)

**PLEASE SET UP YOUR INTERVIEW EARLY. IT REQUIRES ABOUT 2 WEEKS TO COMPLETE THE ENROLLMENT PROCESS. CONTACT OUR OFFICE TO MAKE AN APPOINTMENT WITH THE DIRECTOR**

[catholic.biblical.school@aohct.org](mailto:catholic.biblical.school@aohct.org) or (860) 242-5573.

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 MINISTRIES IN YOUR FAITH COMMUNITY:

CLERGY

VOWED RELIGIOUS

LAY MINISTER

MUSICIAN/SINGER/CANTOR (CIRCLE ONE)

EVANGELIZATION

CATHOLIC SCHOOLS

EXTRAORDINARY MINISTER  
OF THE EUCHARIST

RELIGIOUS EDUCATION

LECTOR

RCIA

ADMINISTRATIVE

**OTHER: SPECIFY**

**TUITION** FOR THE FIRST YEAR IS \$350. THE FIRST HALF OF YOUR TUITION IS DUE UPON ACCEPTANCE OF ADMISSION. THE SECOND HALF IS DUE OCTOBER 1.

**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: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Certificates Awarded: \_\_\_\_\_

[www.catholicedaohct.org](http://www.catholicedaohct.org)

Phone: (860) 242-5573 • Fax: (860) 243-9690

[catholic.biblical.school@aohct.org](mailto:catholic.biblical.school@aohct.org)

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