

# B. H. Carroll Theological Institute

## Application for Reader

120 E. Abram St., Arlington, TX 76010  
(817) 274-4284 Ph. (817) 274-2226 Fax

Website: <http://www.bhcti.org>  
Email: [admin@bhcti.org](mailto:admin@bhcti.org)

### Personal Information PLEASE PRINT PLAINLY

1. Name:

\_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED NAME

2. Current addresses and phones:

\_\_\_\_\_  
(STREET, APARTMENT NO., BOX NUMBER)

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE WORK PHONE (EXT.) CELL PHONE

\_\_\_\_\_  
EMAIL FAX NUMBER

3. Date of Birth: \_\_\_\_\_

4. Gender:  Male  Female

5. Marital Status:  Single  Married  Widowed

6. Current Church Membership:

\_\_\_\_\_  
CHURCH NAME and CITY PASTOR

### Enrollment Information

1. Term:  Alpha  Emmanuel  Paschal  Omega Year \_\_\_\_\_

2. Name of Course: \_\_\_\_\_

3. Name of Professor: \_\_\_\_\_