

**DIOCESE OF LITTLE ROCK
THEOLOGY INSTITUTE
APPLICATION FORM**

NAME

ADDRESS

CITY

STATE

ZIP

PHONE (HOME)

CELL PHONE

EMAIL

PARISH/CITY

VEGETARIAN OR ANY OTHER DIATERY NEEDS?

**WILL YOU NEED HOUSING?
IF SO SINGLE OR DOUBLE ROOM**

EMERGENCY CONTACT (NAME & PHONE #)

When application & \$20.00 non-refundable registration fee are received in the office, the first textbook will be mailed to you with the reading assignment

DEADLINE FOR REGISTRATION

August 14, 2017