BETHSAIDA THEOLOGICAL INSTITUTE

PHONE: 508-363-4669

Current Year:_____

Admission Application

Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Age: ___

Marital Status: ○ Single ○ Married ○ Divorced ___

Residential or Mailing Address:

_____

Do you belong to Iglesia Bethsaida Inc of Worcester: ☐

Church you belong to: _____

Church Address: _____

Pastor's Name: _____

Phone: _____ Email: _____

Membership Status: ○ Active ○ Passive

Mode: ○ Virtual ○ In-person

If you have studied at any Biblical or Theological Institute in the past, please complete the following information:

Name _____

Institute Address: _____

Date Studied: _____ Last Year Passed: _____ Graduated: ☐ Yes ☐ No

The following are the institute costs:

1st and 2nd Year – $200.00 **Shirt- $30.00**

3rd Year - $275.00

Individual Classes- $35.00

Please include a $50.00 fee with your Admission Application Admission Fee. ***No payment made to the Institute is refundable.***

_____ _____

Pastor's Signature Student Signature

Signature:

Email:

Signature:

Email: