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|  | St. Joseph of Arimathea Anglican Theological College |

# Registration Application- Spring 2021

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | **Date**: |  |
|  | **Last** | **First** | **M.I.** |  |  |

|  |  |  |
| --- | --- | --- |
| **Address:** |  |  |
|  | **Street Number/Street Name** | **Apartment/Unit #** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **State** | **Zip Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email** |  |

## Course Registration

|  |  |
| --- | --- |
| **Name of Course #1:** |  |

|  |  |
| --- | --- |
| **Name of Course #2:** |  |

|  |  |
| --- | --- |
| **Name of Course #3:** |  |

***(Please mark with an X by the prompt under ‘Credit’ or ‘Audit’ for your choice of participation for each course registration.)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Course #1:** | ***Credit*** | ***Audit*** |  |

**Course #1 Tuition: Credit- $250.00 Audit- $75.00**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course #2:** | ***Credit*** | ***Audit*** |  |

**Course #2 Tuition: Credit- $250.00 Audit- $75.00**

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| --- | --- | --- | --- |
| **Course #3:** | ***Credit*** | ***Audit*** |  |

**Course #3 Tuition: Credit- $250.00 Audit- $75.00**

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| --- | --- |
| **Total Tuition for Course Registration(s):**  ***(Please make check payable to St. Joseph of Arimathea Theological College)*** | $ |

## APCK Church Affiliation

|  |  |  |  |
| --- | --- | --- | --- |
| **Parish/Mission Name:** |  | **City/State:** |  |

|  |  |
| --- | --- |
| **How long have you been affiliated with an APCK Parish or Mission?** | : |

***(Please mark the appropriate answers with an X by the prompt.)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a Postulant for the Diaconate?:** | ***YES*** | ***NO*** | **Sponsoring Priest:** |  |
| **Are you a Postulant for the Priesthood?:** | ***YES*** | ***NO*** | **Sponsoring Priest:** |  |

## Education

**(Please list your education information to include secondary and college/university.)**.

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| --- | --- | --- | --- |
| **Secondary; School Name:** |  |  |  |
| **City/State:** |  |  |  |
| **Degree Received:** |  |  |  |
| **Years Attended:** |  |  |  |
|  |  |  |  |
| **College/University:** |  | : |  |
| **City/State:** |  |  |  |
| **Degree Received:** |  |  |  |
| **Years attended:** |  |  |  |
|  |  |  |  |
| **College/University:** |  |  |  |
| **City/State:** |  |  |  |
| **Degree Received:** |  |  |  |
| **Years attended:** |  |  |  |
|  |  |  |  |
| **College/University:** |  |  |  |
| **City/State:** |  |  |  |
| **Degree Received:** |  |  |  |
| **Years attended:** |  |  |  |
|  |  |  |  |
| **College/University:** |  |  |  |
| **City/State:** |  |  |  |
| **Degree Received:** |  |  |  |
| **Years attended:** |  |  |  |
|  |  |  |  |

## Acknowledgement

I acknowledge that I have discussed with my sponsoring Priest the duties and responsibilities of attending St. Joseph of Arimathea Theological College. I further acknowledge that I have read the information about the Seminary using the link on the APCK website, [www.anglicanpck.org](about:blank) and hereby understand the requirements of the course work that I am pursuing.

Please print this ‘Registration Application’ and include with your tuition payment. Email the ‘Registration Application’ to the Provost of the Seminary, the Right Reverend Donald M. Ashman, [bishopashman@gmail.com](about:blank) and to the Vice-Provost/Registrar, [fr.benjones@gmail.com](about:blank).

Please mail your tuition payment and ‘Registration Application’ to; The Reverend Canon Ben E. Jones, Jr., St. Joseph of Arimathea Theological College, 2820 Exeter Circle, Raleigh, NC 27608.

The ‘Registration Application’ and tuition payment are due **NO LATER THAN DECEMBER 31ST, AD 2020.**

I certify that my answers are true and complete to the best of my knowledge.

An electronic signature serves as an original in accordance with the ESIGN Act of 2000.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |