

**Coptic Orthodox Diocese of the Southern United States
Theological Enrichment Program
Application Form**

Church Name: _____ **Church City and State:** _____

Church Priest Name: _____

Name of Applicant: _____

Home Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____

Email (needed): _____

Highest Degree and Date of Graduation: _____

Type: **New Student** **Continuing Student**

Semester Applying for:

Spring (Memorial Weekend) Year: 20__

Fall (Labor Weekend) Year: 20__

Emergency Medical Information (If continuing, please fill out any changes)

Emergency Contact Person (Name): _____

Contact Person's Phone: (____) ____ - _____

Additional Phone (Cell, Pager): (____) ____ - _____

Doctor's Name and Phone Number: _____

Insurance Company: _____

Insurance Policy #: _____

Any special circumstances regarding the participant (allergies, etc.):
