



Logos House of Theological Studies
 74 Evangeline Drive, PO Box 306
 Brooksville, ME 04617 Phone: 207-326-4120
 Very Rev Canon Granville Henthorne, DD, Dean and President

ENROLLMENT APPLICATION

Date _____ Student ID # (to be assigned) _____

Name First _____ Middle _____ Last _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ Cell _____

Email _____

Parish _____ Diocese _____

Highest Degree Earned _____ Field of Concentration _____

Mentor (if assigned or selected) _____

Address of Mentor _____ City _____ State _____ Zip _____

Mentor's Phone _____ Email _____ Cell _____

- Enclose with Application:
- Resume
 - Curriculum Vitae
 - Transcript (if applicable)
 - Bishop's Letter (if applicable)
 - Registration Fee of \$100.

Signature _____