



Hellenic College Holy Cross Greek Orthodox School of Theology  
**2018 Diaconate Program Payment Form**

_____	_____	_____
Last Name	First Name	M.I.
_____	_____	_____
Street Address	City	ST Zip
_____	_____	_____
Home Phone	Cell Phone	
_____	_____	_____
Email	Date of Birth	
_____	_____	_____
Emergency Contact Name/Relationship	Emergency Contact Phone Number	

Indicates date and cost of nine-day session that you will be attending in the summer of 2018:

**June 23-July 1, 2018**  
**\$1,350.00**

Make checks payable to Hellenic College Holy Cross.

Check Enclosed    Charge \$ \_\_\_\_\_ to my:    Visa     MC     Amex

Credit Card Number \_\_\_\_\_    Expiration \_\_\_\_\_

Cardholder Signature \_\_\_\_\_    Date \_\_\_\_\_

**Return this form and your payment to:**

Alicia Schneider, Bursar  
Hellenic College Holy Cross  
50 Goddard Avenue, Brookline, MA 02445  
Direct Phone: (617) 850-1272  
Email: [aschneider@hchc.edu](mailto:aschneider@hchc.edu)