



Application for Enrollment

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Work Phone: (_____) _____ Highest level of education completed: _____
Email: _____ @ _____
Congregation: _____ Denomination: _____
How long have you been a member of this congregation: _____
Address of Congregation: _____
City: _____ State: _____ Zip: _____
Pastor: _____

Briefly describe those ministries in which you are currently involved, or with which you hope to be involved in the future. Use of the back of this page.

By signing below, I agree that the Metropolitan Chicago diakonia Steering Committee shall, at its sole discretion, have both the authority and the duty to take disciplinary action whenever the behavior of any student(s) materially interferes with or substantially disrupts maintenance of a proper learning atmosphere within the program, up to and including expulsion of any offending student. Additionally, I agree that my name, address, phone number and other contact information may be distributed to classmates and other churchwide and synod agencies as may be deemed necessary by the Steering Committee or National Board. I also agree that photographs taken during the diakonia program may be used for publicity purposes.

Your Signature: _____ Date: _____

I have discussed my intention to enroll in diakonia with my pastor.

Your Pastor's Signature: _____ Date: _____

An non-refundable \$25.00 registration fee must accompany this application.
Please make checks payable to *diakonia*.
Tuition for individual courses is \$65.00. The annual tuition is \$390.00.
Financial aid is available.

Send the application to:

Mary Ann Smith
c/o Gloria Dei Lutheran Church
4501 Main Street
Downers Grove, Ill 60515
carlmaryannsmith@aol.com

August 2022