



Northern Illinois Synod
Evangelical Lutheran Church in America



Registration for Northern Illinois Synod diakonia™

Personal Information

Name

Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Highest level of education completed

Email

Congregation Information

Congregation Name

Denomination

How long have you been a member of this congregation?

Address of Congregation

City

State

Zip

Minister

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

Payment Information

A non-refundable \$30.00 registration fee must be paid at time of application.

Tuition for individual courses is \$65.00. The annual tuition for all six courses is \$390.00.

You have two ways to pay:

Online. At the Northern Illinois Synod website, you can pay via credit card or bank account.

Go to nisynod.org/resources/diakonia or [click here](#).

Check. Please make checks payable to diakonia™ and mail the check with registration form.

Please check the box above signifying how you plan to pay for registration.

Financial aide is available. Please contact Doug Wood for more information.



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By signing below, I agree that the Northern Illinois Synod The 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 enrolling in **diakonia™** with my minister (pastor, deacon, or synod authorized minister).

Your Minister's Signature:

Date:

Send this application to:

c/o Doug Wood

301 School Street, Kings, Illinois 61068

815-742-3901, dwood1955@hotmail.com