

Registration for
Northern Illinois Synod **diakonia™**
Circle One: Year A Year B



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. Please use the back of this page.

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 my intention to enroll in **diakonia™** with my pastor.

Your Pastor's Signature: _____ Date: _____

A non-refundable \$30.00 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 this application to:

**c/o Doug Wood
301 School Street
Kings, Illinois 61068**

**Phone: 815-742-3901
dwood1955@hotmail.com**