

diakonia® Program Financial Aid Application – Greater Milwaukee Synod

Part 1: To be completed by the Applicant

Name: _____

Date: _____

Class Location (circle one): Milwaukee Brookfield Racine//Kenosha Port Washington

Support Requested:

Tuition _____ (amount) Annual Tuition is \$360

Books (**we do not give financial aid for books**); Expected cost \$30 per class/\$180per year

(Please ask your congregation to assist you with this cost)

Please describe why you are requesting financial assistance (number of dependents, special circumstances, etc.). Please use back of form if needed:

Signature of Applicant: _____ Date: _____

Please note: a financial aid form must be completed for each year in which support is requested. This form does not cover multiple years of the Diakonia program. Financial aid is limited and we have not yet had to turn away any student because of financial need. We hope to continue this policy. Students who receive financial aid will be encouraged to return the funds at some future time, if able, so that other students may be assisted.

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Part 2: To be completed by Pastor or President of the Church Council

NOTE: This section of the form is required.

(Student's Name) _____

Congregation: _____

has requested financial aid from the **diakonia Program**: Expected Costs are:

Annual Tuition: \$360/year (financial aid available through diakonia program)

Books: Expected Cost \$30 per class/ \$180 per year (NO financial aid available for books through the diakonia program)

Retreats: Expected Cost approximately \$15-\$25/year (financial aid available through diakonia program)

Will your congregation assist the student financially?

****If this expense is not currently available in your budget, we would gladly accept retroactive payment from your continuing education budget, discipleship fund, etc. whenever it might be possible to sustain our scholarship fund.**

Tuition: (amount from congregation) _____

Books (amount from congregation) _____

other comments: _____

Indicate Title (check one): _____ Pastor _____ Council President

Signature of Pastor or President

Signature Print Name Date