



South-Central Synod of Wisconsin
Evangelical Lutheran Church in America
God's work. Our hands.

Diakonia® Application for Enrollment

Name: _____

Address: _____

City, State, ZIP: _____

Home phone: _____ Work phone: _____ Cell phone: _____

E-Mail Address _____

Home Congregation _____

() ELCA () LCMS () Other (specify denomination) _____

Length of time at this congregation _____

Level of education completed:

() high school () associate degree () bachelor's degree () post grad

Child Care Request: please provide number and ages of children:

Comments:

Location/time Preferences: please check all that would work for you:

(____) Platteville, Thursday evenings, tentatively 6-9 - First English Lutheran Church

(____) Evansville, Saturday mornings, 9-12 - St. John Lutheran Church

(____) Madison, Saturday mornings, 9-12 - Trinity Lutheran Church

Comments:

For your Pastor:

**In recognition of the above candidate, my congregation and I will encourage him/her in their spiritual formation with prayer, counsel and support. That support may also include financial support of tuition and/or books.

Pastor's Signature: _____ Date: _____

(Continued on back)

**Briefly describe those ministries in which you are currently involved, or with which you hope to be involved in the future:*

By signing below, I agree that the South-Central Synod Diakonia Steering committee and/or the Diakonia national board shall, at their 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 church wide and synod agencies as may be deemed necessary by the Steering Committee or the national board. I also agree that photographs taken during the Diakonia program may be used for publicity purposes.

Student's Signature: _____ Date: _____

*(Please note: A non-refundable \$25 registration fee must accompany this application for NEW students)
(If you are applying for financial aid for tuition, the application should be attached.)*

**Make checks payable to:
South Central Synod of Wisconsin**
(Include in memo line): Diakonia registration

Mail to:
Rev. Steve Kottke
South-Central Synod of Wisconsin
6401 Odana Road
Suite 20
Madison, WI 53719

Course fees are due the first day of each course

Updated: 07/19/18

shared/Diakonia/SCSW Diakonia Application 2018