



Application for Enrollment in diakonia



Jacksonville Location
 St. Matthew's Lutheran Church
 Attn: Lynn Harmening
 6801 Merrill Road
 Jacksonville, FL 32277
 904-647-5344

Winter Park Location
 Redeemer Lutheran Church
 Attn: Barb Cilik
 2203 Wolf Road
 Orlando, FL 32808
 407-293-1686

Palm Beach Gardens Location
 Nativity Lutheran Church
 Attn: Janet Krabec
 4075 Holly Drive
 Palm Beach Gardens, FL 33410
 561-222-5119

Fort Myers Location
 Redeemer Lutheran Church
 Attn: Susan Mitchell or Karen
 Kraemer
 3950 Winkler Avenue Ext.
 Fort Myers, FL 33916
 239-699-9619

Miami Location
 Christ the King Lutheran Church
 Attn: Callie Howland
 11295 SW 57th Avenue
 Miami, FL 33156
 305-665-5063

The Villages Location
 Hope Lutheran Church
 Attn: Denise Slade
 250 Avenida Los Angeles
 Lady Lake, FL 32162
 401-529-8524

Tampa Location
 Grace Lutheran Church
 Attn: Lois Ann Sorensen
 3714 W Linebaugh Avenue
 Tampa FL, 33618
 813-961-8747

I am registering for the diakonia Program at (check one):

Jacksonville Location Winter Park Location Palm Beach Gardens
 The Villages Location Fort Myers Location Miami Location
 Tampa Location

I am a First-Year Student Second-Year Student

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Email: _____ @ _____

Highest level of education completed: _____

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 Florida Bahamas 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 \$35.00 registration fee must accompany this application. Make checks payable to "The diakonia Program." Yearly tuition is \$360. Arrangements must be made with the location manager if payment cannot be made in total. If a check is returned the student is responsible for the bank fees.

Send application directly to the address above for the location chosen.