



# Application for Enrollment in diakonia



**Jacksonville Location**  
 St. Matthew's Lutheran Church  
 Attn: Karl Koepke  
 6801 Merrill Road  
 Jacksonville, FL 32277  
 904-762-9518

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

**Miami Location**  
 Grace Lutheran Church  
 Attn: Susan Roetz  
 254 Curtiss Parkway  
 Miami Springs, FL 33166  
 305-888-2871

**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     Tampa Location  
 Miami 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: \_\_\_\_\_

By signing below, I agree that the Florida 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. If a check is returned I will be responsible for the bank fees.

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 "diakonia Florida." Yearly tuition is \$360. Arrangements must be made with the location manager if payment cannot be made in total.**

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