



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 Springs 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

Sebastian Location
 Christ the King Lutheran Church
 Attn: Carolyn Peeler
 1301 Sebastian Road
 Sebastian, FL 32958
 772-589-1387

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

Jacksonville Location Winter Park Location Tampa Location
 Miami Springs Location Sebastian 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.