

**Diakonia  
Financial Aid Application**

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**Part 1: To be Completed by Applicant**

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Name: \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Support Requested:**

Tuition: \_\_\_\_\_ (Annual Tuition is \$360)

Books: \_\_\_\_\_ (Expected Cost per class \$25)

Retreats: \_\_\_\_\_ (Under \$50)

Do you earn less than \$20,000? \_\_\_\_\_ (Y/N)

Do you earn less than \$40,000? \_\_\_\_\_ (Y/N)

Do you earn less than \$60,000? \_\_\_\_\_ (Y/N)

Do you earn less than \$80,000? \_\_\_\_\_ (Y/N)

Please describe in detail why you need financial assistance (number of dependents, special circumstances, etc). Please use back of form if needed.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

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**

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The following student has requested financial aid from diakonia:

\_\_\_\_\_

**Support Information**

Will your congregation assist the student financially? \_\_\_\_\_ (Y/N)

Expected Costs are:

Congregational Support

Annual Tuition: \$360

\_\_\_\_\_

Books: \$25 per class on average/ \$125 per year

\_\_\_\_\_

Retreats: under \$50

\_\_\_\_\_

**Contact and Other Information**

Congregation Name: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Please provide the contact information for the person who will be disbursing the funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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**Part 3: Diakonia Steering Committee Approval**

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The following student has requested financial aid from diakonia:

\_\_\_\_\_

**Approval of Location Manager**

Amount Approval (to be provided by diakonia program): \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Approval of Executive Director or Chairperson**

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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Comments:

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Signature

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Print Name

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Date

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Please provide contact information for the person who will be disbursing the funds:

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