## **Diocesan Tuition Form - Diaconate Formation**

Semester and Year:	(ex. Winter, 2	023) Course #:	Course #	:	
Student Information	dent Information		Date:		
Last Name:	me:	Prefix:	_		
ddress:City, Zip:					
Phone:	DH	Home 🗆 Work 🗆 (	Cell		
Email Address:					
Parish Name:		City			
Pastor (Manager) Name:					
Business Manager:		Phone #:			Email
Address:		-			
Academic Program Information	n				
University/College Name and Lo	ocation:				
Undergrad Graduate Major:					
Total credit hours needed to comp	lete the progra	m Nu	mber of credits com	pleted:	
Tuition Payment Agreement					
The Diocese of Lansing will provide 25% of the tuition expense for those <b>Diaconate Formation Program</b> <b>participants</b> who are meeting the requirements of the Ministry Formation Program. See the Ministry Formation Bulletin for additional		Total Tuition:		Date	For Office Use Check # Amount
		Parish Total:			
information. The recommended tuition	n split is Parish	Student Total:			
-25%, Student-50%, Diocese-25%.		Diocesan Total:			
As the <b>parish representative</b> , I agree t	o pay the parish c	ontribution listed in	the Tuition Payment A	Agreement a	above.
Signature		Date			
As the <b>student</b> , I agree to pay the stude	ent portion of tuit	ion indicated in the	Tuition Payment Agree	ement abov	e. I also realize
that it is my responsibility to make sure	e that all tuition p	ayments are up to d	ate on my account.		
Signature		Date			
Directions: Send this COMPLETED FORM with p Diaconate Formation Tuition Sub All Students: Pay the University of Diaconate Formation Office, for t	or College direct	<b>f Lansing, 228 No</b> i ly. Submit proof o	rth Walnut, Lansing,	nd subsidy i	
For more information contact De	enise Dell'Acqu	a at ddellacqua	@dioceseoflansing	J.org	