Diocesan Tuition Form - Diaconate Formation

Semester and Year:	(ex. Winter, 2023)		Course #:	Course #:	
Student Information			_		
Last Name: First N		ame: Prefix:			
Address:	City, Zip:			_	
Phone:					
Email Address:			_		
Parish Name:					
Pastor (Manager) Name:					
Business Manager:				Email	
Address:					
Academic Program Information					
University/College Name and Loc	cation:				
□Undergrad □Graduate Major:					
Total credit hours needed to comple	ete the progran	n Num	ber of credits comple	eted:	
Tuition Payment Agreement The Diocese of Lansing will provide 25% of the expense for those Diaconate Formation Programticipants who are meeting the requirement the Ministry Formation Program. See the Ministry Formation Bulletin for addition information. The recommended tuition split is —25%, Student—50%, Diocese—25%.	Program	Total Tuition:		For Office Use Date Check # Amount	
	additional	Parish Total: Student Total:			
		Diocesan Total:			
As the parish representative , I agree to	pay the parish co	ontribution listed in t	he Tuition Payment Agr	eement above.	
As the student , I agree to pay the studen that it is my responsibility to make sure t	·			ient above. I also realize	
Signature		Date			
<u>Directions:</u> Send this COMPLETED FORM with pay Diaconate Formation Tuition Subs			h Walnut, Lansing, N	11 48933	
All Students : Pay the University or Diaconate Formation Office, for tui				subsidy request to the d February 2024	

For more information contact Denise Dell'Acqua at ddellacqua@dioceseoflansing.org