Diocesan Tuition Payment Form			
Semester and Year:	_ (ex. Winter, 2022	2) Course #:	Course #:
Student Information			
Date:			
Last Name:	_ First Name: _		_ Prefix:
Address:	City, Zip: _		
Phone:	D Home 🗆	□ Work □ Cell	
Email Address:			
Parish Name:		City	
Pastor (Manager) Name:			
Business Manager:		Phone #:	
Email Address:			
Academic Program Information University/College Name and Location:			
□Undergrad □Graduate Major:			
Total credit hours needed to complete th	ne program	Numbe	er of credits completed:
Tuition Payment Agreement The Diocese of Lansing will provide 25% of the tui expense for those Ministry Formation Program participants who are meeting the requirements of Ministry Formation Program. See the Ministry Formation Bulletin for additional information. The <i>recommended</i> tuition split is Student—50%, Parish—25%, Diocese—25%.	f the Parish T Student	ition: otal: Total:	Date Check # Amount
As the parish representative , I agree to pay		n Total: ribution listed in t	
<i>Signature</i> As the student , I agree to pay the student per realize that it is my responsibility to make su			
Signature		Date	
Send this COMPLETED form, with payment or Office of Deacon Formation, Diocese of La *Note: If you pay the University or College dir reimbursed. Any questions feel free to cont Dell'Acqua at ddellacqua@dioceseoflansing.or	ectly. Submit proc act, Dcn. Randy I	th Walnut, Lansin	nt and subsidy request to our office to ge
			Revised January 202