



**PROFESSIONAL LEADERS'  
AID FOR CONTINUING EDUCATION  
Northeastern Pennsylvania Synod  
WITHDRAWAL FORM**

NE Pennsylvania Synod  
2354 Grove Road  
Allentown PA 18109-3044

Date \_\_\_\_\_

Leader's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Congregation,  
Institution or Agency \_\_\_\_\_ Synod \_\_\_\_\_

Address \_\_\_\_\_

Description of Program (if available, include a copy of the publicity material)

Program Dates \_\_\_\_\_

Sponsor of Program \_\_\_\_\_

Location \_\_\_\_\_

Name of faculty or key resource people  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Costs Tuition/Fees \_\_\_\_\_  
Board/Room \_\_\_\_\_  
Travel Exp. \_\_\_\_\_  
Req'd Books \_\_\_\_\_  
Misc. (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Total . . . \$** \_\_\_\_\_

Amount needed from PLACE \$ _____
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What specific personal or professional need do you expect to have met through this educational program or activity (educational objectives)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signed) \_\_\_\_\_ (Signed) \_\_\_\_\_  
Professional Leader for Congregation, Institution, or Agency

For Synodical Use Only

Date Received \_\_\_\_\_ Date Check sent \_\_\_\_\_ Check Number \_\_\_\_\_ By \_\_\_\_\_

**Make two copies and send both to the synod office. One will be returned with your check.**