



**PASTORS AND ASSOCIATES IN MINISTRY
AID FOR CONTINUING EDUCATION
Northeastern Pennsylvania Synod
WITHDRAWAL FORM**

NE Pennsylvania Synod
4865 Hamilton Blvd.
Wescosville PA 18106

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 PACE \$ _____

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.