

REQUEST FOR TUITION REIMBURSEMENT

PASTORAL LEADERSHIP COMMISSION

NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE _____

PROGRAM:

_____ Master of Divinity Program
_____ Pastoral Training Institute

Date coursework completed _____

TERM	TOTAL CREDIT HOURS FOR TERM
_____ Fall	_____
_____ Spring	_____
_____ Summer	_____

Request that an official transcript from Winebrenner Seminary be sent to the Great Lakes Director upon the completion of the term.

“I have completed the term of study, noted above, and have included with this request for financial assistance, a transcript from the appropriate institution showing that the hours were successfully completed.”

SIGNATURE OF STUDENT _____

DATE _____

RETURN TO:

Great Lakes Conference
Dr. Earl Mills, Director
P.O. Box 1132
Findlay, OH 45839-1132

FOR CONFERENCE USE:

Amount of Tuition Reimbursement \$ _____

Date of check mailing _____

FINANCIAL/JULY 31, 2014