



**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 \$ _____
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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

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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.**