

LUTHERAN THEOLOGICAL SOUTHERN SEMINARY
Cross Cultural Registration

Name and/or description of cross cultural program:

Reason for choosing this program:

Dates of this program:

Contact person for program (give name, address, phone number):

Program Costs – Estimate <i>(due November 18)</i>	Program Costs – Actual <i>(due 60 days after completion of Cross Cultural)</i>
Travel _____	Travel _____
Tuition & Fees _____	Tuition & Fees _____
Room & Board _____	Room & Board _____
Other expenses _____	Other expenses _____
Total Estimate _____	Total _____
	Multiply total x .60 = _____ (grant not to exceed \$600)

A grant is available for travel to and from the site, registration or tuition costs for the program, and room and board. The seminary will provide students with up to 60% of the total cost to a maximum of \$600. *Students must submit all receipts relating to the program within 60 days of completing the program in order to receive this grant.*

Please return this form to the Contextual Education Office no later than November 18.

Name: _____ Phone: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

<p align="center">Office Use Only</p> <p>Approved: _____ Date: _____</p> <p>Account # 01-250-72850 _____</p>
