Trinity Foundation, Inc.



Scholarship Application 2024

Trinity welcomes your scholarship application!

Please provide all information requested on this form or offer an explanation for missing information. Completed applications must be received in the church office by **NOON**, **Friday**, **April 5**.

APPLICANT INFORMATION

Student's name					
Contact Information: Email Address			Phoi	Phone Number	
Mailing Address					
Parents of applicant					
College to attend/attending					
Current school, educational level and G					
Course of study planned					
FINANCIAL INFORMATION					
Total family income (adjusted gross):		Below \$50,000 \$50,000 to \$100,000		\$100,000 to \$150,000 Over \$150,000	
Academic year costs, including tuition,	roon	and board, and fees:			
Identify other financial assistance applie	ed for	or received (include source a	nd dollar ame	ounts of scholarships, grants, etc.)	
Applied for:					
Received:					
Other family or individual financial obli	igatio	ons (optional)			
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Student's name
ENGAGEMENT AND PERSONAL STATEMENT
List your church-related activities in high school and/or college:
List your school and community activities in high school and/or college:
List your accomplishments and honors in high school and/or college:
<u>ATTACHMENTS</u>
Attach one Letter of Recommendation addressed to the "Trinity Foundation Scholarship Committee."
Attach a short Essay about yourself addressing:
1. How your faith experiences at Trinity or elsewhere have influenced you, AND
2. Your personal, professional, and educational goals.
Date of application
Signed

Your completed application must be in the church office by NOON, Friday, April 5.