

Trinity Evangelical Lutheran Church
 Continuing Education Scholarship Application
Submit by Sunday, April 26, 2026

Name	
Address	
Email	
Phone	

	Date	Place
Birth		
Baptism		
Confirmation		
Graduation		

What will be your field of study?

Will you attend	full time? <input type="checkbox"/>	part time? <input type="checkbox"/>
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Name of the school you will be attending. If undecided, list the school(s) to which you have been accepted (rank by favorite).	Where will you live?	
	campus?	home?
1)	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to attend this school, and what are your intentions for your future?
 (Your may add pages, if necessary)

Why do you think you should be considered for this scholarship?
 (Your may add pages, if necessary)

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In which church activities have you participated? Include years of participation and leadership positions held.

(i.e. Sunday School, Pioneers, Teens & Tweens, Ushering, Social Group, others)

In which community/school activities have you participated? Include years of participation and leadership positions held.

What are your hobbies and interests?

Family Information

Name of parent(s) or guardian(s)	Occupation

How many members are there in your immediate family? ____

What are the ages of your siblings living at home? ____

How many dependents will be enrolled in college next year including the applicant? ____

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Student and Parent Financial Resources Used to Meet School or College Expenses

Please provide your Free Application for Federal Student Aid (FAFSA) “Expected Family Contribution” (EFC). The EFC may be found on the FAFSA Web Submission Confirmation or you may attach a copy of your “Student Aid Report” (SAR), as provided to you by FAFSA. This report will contain your “Expected Family Contribution” (EFC).

FAFSA can be found on the web at
<https://www.fafsa.ed.gov>

NOTE: This information will be kept strictly confidential.

How much do you anticipate earning from employment?

Scholarship aid already granted (list source and amount):

Anticipated cost of your first year of college:

Attach a transcript that includes the first semester or first and second trimesters of your senior year.

Applicant’s Signature _____ Date _____

Parent’s Signature _____ Date _____

Note: The committee may request family interviews and/or further information.