Trinity Evangelical Lutheran Scholarship

This scholarship is made possible through donations from members of Trinity Evangelical Lutheran Church, Abilene, KS. The award will be \$500.00 a year, to be awarded in two parts, the first of \$250.00 will awarded in August, and the second half will be awarded in January. An individual will only be eligible for a total of two (2) years. Return completed application to Trinity Lutheran Church by **March 31**.

Selection is based upon the following requirements:

- A completed application
- Cumulative grade point average 2.0 or above
- Actively participating member of Trinity Evangelical Lutheran Church, Abilene, Kansas

Name		Date of Birth				
Address		City				
Father's	name and occupation					
Mother's name and occupation						
List other siblings and their ages (Note any siblings now or recently attending college)						
What Sc	hool will you be attending?					
What fie	ld of study are you considering?					
You mus	t include the following:					
1	. A short statement about your faith and how it impacts your life.					
2	. Three recommendations from non-relative Church.	s, at least one must be a member of Trinity Lutheran				
Name	Address	Phone Number				
						

Return by March 31 to:

Trinity Evangelical Lutheran Church 320 N. Cedar Street Abilene, KS 67410

Name		Address	
complete this applic	ation, would you rat		rch Scholarship. In order to help us llowing characteristics by circling the the student to other students).
MOTIVATION	Low	1 2 3 4 5 6 7 8 9 10	High
CITIZENSHIP	Uncooperative	1 2 3 4 5 6 7 8 9 10	Cooperative, Positive, Follows Rules
INITATIVE	Needs Prodding	1 2 3 4 5 6 7 8 9 10	Does More Than Assigned
CONCERN FOR OTHERS	Little	1 2 3 4 5 6 7 8 9 10	Very Concerned
LEADERSHIP	Follower	1 2 3 4 5 6 7 8 9 10	Exceptional Leader
RESPONSIBILITY	Not Very Responsible	1 2 3 4 5 6 7 8 9 10	Highly Responsible
SOCIAL MATURITY	Immature	1 2 3 4 5 6 7 8 9 10	Outstanding
PERSONAL APPEARANCE	Poor	1 2 3 4 5 6 7 8 9 10	Very Neat
ESTIMATE OF FUTURE SUCCESS	Low	1 2 3 4 5 6 7 8 9 10	High
Additional Remarks	:		
In what capacity are	you associated with	this person?	
Signature		Position	
Address		Date	