Trinity Foundation, Inc.



Scholarship Application GRADUATE LEVEL 2015

Student's name			
Address			
Parents of applicant			
Undergraduate school	Degree received	Date	
University to attend	Degree	Degree program	
Date of enrollment			
Professional/educational goal			
Present grade point average			
Total family income (<i>adjusted gross</i>):	 □ Below \$30,000 □ \$30,000 to \$50,000 □ \$50,000 to \$75,000 	 □ \$75,000 to \$100,000 □ \$100,000 to \$150,000 □ Over \$150,000 	
Were you claimed as a dependent on			<i>NO</i>
Other financial assistance (scholarships	, grants, etc.)		
Other family or individual financial obli	-		
	TTER OF RECOMMENDATION FOUNDATION SCHOLARSHIP		
	Y ABOUT YOURSELF INCLUD ACCOMPLISHMENTS AND HO	DING CHURCH, SCHOOL, AND DNORS; AND PERSONAL GOALS.	
Your completed application mu	st be in the church office by NC	DON on Friday, March 27, 2015	
Date of application			

Signed _____

Contact Phone Number(s)