Trinity Foundation, Inc.



Scholarship Application UNDERGRADUATE LEVEL 2015

Student's name				
Address				
Parents of applicant				
College/University to attend				
Educational level (freshman, etc.)				
Course of study planned				
Professional/educational goal				
Present grade point average				
School now attending				
Total family income (adjusted gross):		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
Other family or individual financial obli				
ATTACH ONE LE	TTEI Four Y AB	R OF RECOMMENDATION ANDATION SCHOLARSHIP COUT YOURSELF INCLUDIN	ADDRESSI COMMITT	EE," CH, SCHOOL, AND
Your completed application mu	st be	in the church office by NOO	N on Fri	day, March 27, 2015.
Date of application				
Signed				
Contact Phone Number(s)				