Trinity Lutheran Church
of Lincoln, Nebraska

Scholarship Application

Student's Name: _____
First Middle Int. Last

Social Security #:_____- _____- _____

Home Address: _____

_____

Name of School: _____

_____

Name & Address of the Dean of Students: _____

_____

Check one of the following, as it applies:
I am preparing for service to the Lutheran Church-Missouri Synod in the following area:
___Pastor ___Teacher ___DCE ___Other (Explain on reverse side)

I plan, with God's help, to complete my studies and enter the full-time service of the Church.

School Term(s) this application covers (max of one year) and starting date of each term:

_____

I have met with Pastor Voorman and plan to serve Trinity Lutheran Church in this way:

_____

I understand the Scholarship rules and regulations of Trinity Lutheran Church of Lincoln, Nebraska. I also understand this scholarship money is a gift from Trinity Lutheran Church, but should I not fulfill my plans to serve the Lutheran Church-Missouri Synod, I should in good faith repay all monies received.

_____ _____
Student's Signature Date

_____ _____
Parent or Legal Guardian's Signature Date

The following is for the use only of the Scholarship Committee or Trinity Lutheran Church of Lincoln, Nebraska

Scholarship Awarded: $_____ Scholarship Denied: _____

Reason:

_____

Signed: _____ Date_____ _____ Date_____
Chairman-Scholarship Comm Pastor