

Trinity Lutheran School's Scholarship Application Form

Student's Name:					
	(Last)		(First)	(First)	
Address:					
	(Mailing Address)		(City)	(State)	(Zip Code)
Telephone: _()		E-Mail:		
College, Univers	ity or Voca	ational-Tech	nical School That Y	'ou Plan On	Attending:
•		•	izations outside o e, Volunteerism, Co		-
Please list any received: (Includ		-	s, awards or dis	tinctions th	nat you have
		•	your academic go vith your scholarshi		•

This application must be submitted by the designated deadline. You will be notified of our decision.