

**TRINITY UNITED CHURCH OF CHRIST SCHOLARSHIP AWARDS & GRADUATE RECOGNITION**

400 West 95<sup>th</sup> Street Chicago, IL 60628

Rev. Dr. Otis Moss III, Senior Pastor

Rev. Dr. Jeremiah A. Wright, Jr., Pastor Emeritus

Frankie Wilson, Chair | applications@trinitychicago.org | 773 962 – 5650

## ***The Delta Sigma Theta Sorority Scholarship***

**(For Trinity United Church of Christ Members Only)**

**PLEASE PRINT CLEARLY**

*This scholarship will be dedicated to all the past, present and future women who will commit to the sisterhood, promote academic excellence, and service to those in need. This student will demonstrate a strong passion for actively aiding people in the community by writing a 300-word, essay, entitled "How I plan to make a difference." This scholarship is renewable.*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ Can this number receive texts? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CHURCH MEMBERSHIP GIVING NUMBER** \_\_\_\_\_

**College/University/School You Attend:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Activities, Groups and Ministries You Are Affiliated with At Trinity:**

*(Use Additional Paper if Necessary)*

<b>Ministry</b>	<b>From</b>	<b>To</b>	<b>Chairperson</b>
_____	_____	_____	_____
<b>Ministry</b>	<b>From</b>	<b>To</b>	<b>Chairperson</b>
_____	_____	_____	_____

### **Offices Held in Ministries at Trinity:**

<b>Title</b>	<b>From</b>	<b>To</b>	<b>Chairperson</b>
_____	_____	_____	_____
<b>Title</b>	<b>From</b>	<b>To</b>	<b>Chairperson</b>
_____	_____	_____	_____

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Applicants Must Submit:

- Current official high school graduate, college, or university transcript showing at least a 2.5GPA
- College acceptance letter and proof of registration
- Submit a 300 WORD essay entitled “How I plan to make a difference.”
- One (1) letter of recommendation from a teacher, academic advisor, or counselor
- Submit a headshot photo in JPEG format
- Graduate Recognition Form

**DEADLINE FOR SUBMISSION THURSDAY, MAY 11, 2023, emailed to [applications@trinitychicago.org](mailto:applications@trinitychicago.org)**

*Thank you! May God bless your efforts as you strive to “serve the Lord with gladness” being all that God created you to be!*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_