TRINITY UNITED CHURCH OF CHRIST SCHOLARSHIP AWARDS & GRADUATE RECOGNITION

400 West 95th 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

Lucille Ellison/Kathryn Brown Memorial Scholarship

(For Trinity United Church of Christ Members Only)

Applicants must be graduating high school students entering college, community college, technical or vocational school in the Fall Quarter/Semester 2024. Consideration will be given to applicants with less than a "B" GPA. Applicants must submit:

Name:					
Address:					
City:	Stat	State: Zip C			
Phone:	Can this no	mber receive	Yes	No	
Email:					
College/University/Scho	ol You Attend:				
Address:					
City:	Stat	State:		Zip Code:	
Pnone:	EXT		Yes	No	
Email:					
Ministry	(Use Additional Attachment From	То	Chairperson		
Ministry	From	То	Chairpers	on	
Of	fices Held in Ministr	ies at Tı	inity:		
Title	From		_		
		То	Chairperso	on	
Titlo					
Title	From	To To	Chairperso		

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Applicants Must Submit:

- Current official high school or college transcript
- Copy of acceptance letter from the college/university you plan to attend.
- One (1) letters of recommendation from:
 - o Teacher or counselor
- Ministry/Community Service Verification Form
- Graduate Recognition Form (if applicable)

Checklist

- Current official high school or college transcript
- Copy of acceptance letter from the college/university you plan to attend
- One (1) letters of recommendation from:
 - Teacher or counselor
- Ministry/Community Service Verification Form
- **Graduate Recognition Form** (if applicable)

DEADLINE FOR SUBMISSION WEDNESDAY MAY 9, 2024, emailed to applications@trinitychicago.org.

To receive a scholarship from Trinity United Church of Christ, applicant or family representative **MUST** be present on Scholarship Sunday.

Thank you!		
May God bless your effo	rts as you strive to "serve the Lord with gladness"	being all that God created you to be!
Signature:		Date:
Giving #:	Any Special Needs?	