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| **Annette Glenn Parker Memorial Scholarship** | | | | | | |
| (This scholarship is in memory for the dedication Annette Glenn Parker gave in the field of nursing. Prospective scholarship recipient will be a high school senior who plans to major in the field of nursing, allied health or science, technology, engineering or mathematics (STEM). | | | | | | |
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| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **State \_\_\_** | **Zip\_\_\_\_\_\_\_\_\_** | | |
| **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  | | | | | | |
| **School you presently attend:** | | | | | | |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **State\_\_\_\_\_\_** | **Zip\_\_\_\_\_\_\_\_\_\_\_\_** | | |
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| **Activities, groups, and ministries you are affiliated with at Trinity:** | | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **From\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_** |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **From\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_** |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
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| **Offices held in ministries at Trinity:** | | | | | | |
| **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **From\_\_\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **From\_\_\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
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| * Current Official high school transcript * College acceptance letter and proof of registration      * Submit a **300 WORD** essay on why the student chose a career in nursing, health or science * One (1) letter of recommendation from an academic advisor or counselor | | | | | | |
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| **CHECKLIST** | | | | | | |
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| * Current Official high school transcript * College acceptance letter and proof of registration * Submit a **300 WORD** essay on why the student chose a career in nursing, health or science * One (1) letter of recommendation from an academic advisor or counselor | | | | | | |
| * Completion of the Verification of Ministry/Community Service Form | | | | | | |
| * Completion of the Graduate Recognition Form (If applicable) | | | | | | |
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| **In order to receive a scholarship from Trinity United Church of Christ applicant or family member MUST be present on Scholarship Sunday** | | | | | | |
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| **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |