|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Eva Warfield Johnson Memorial Scholarship** | | | | | | |
| (For either a female student enrolled in a two (2) or four (4) year registered nursing or allied health program. You must have at least a 2.5 GPA to apply. This scholarship is renewable for up to three (3) years) | | | | | | |
|  | | | | | | |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **State \_\_\_** | **Zip\_\_\_\_\_\_\_\_\_** | | |
| **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  | | | | | | |
| **School you presently attend:** | | | | | | |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **State\_\_\_\_\_\_** | **Zip\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | | | | | | |
|  | | | | | | |
| **Activities, groups, and ministries you are affiliated with at Trinity:** | | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **From\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_** |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **From\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_** |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
|  | | | | | | |
| **Offices held in ministries at Trinity:** | | | | | | |
| **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **From\_\_\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **From\_\_\_\_\_\_\_\_\_\_** | | | **To\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Chairperson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
|  | | | | | | |
| * Current Official college transcript * College acceptance letter and proof of registration * Submit a **300 WORD** essay “How My Decision to Become a Nurse Will Benefit the Church and Community. * One (1) sealed letter of recommendation from a college/university professor or counselor * One (1) sealed letter of recommendation from a Alderperson or community leader | | | | | | |
|  | | | | | | |
| **CHECKLIST** | | | | | | |
|  | | | | | | |
| * Current Official college transcript * College acceptance letter and proof of registration * Submit a **300 WORD** essay “How My Decision to Become a Nurse Will Benefit the Church and Community. * One (1) sealed letter of recommendation from a college/university professor or counselor * One (1) sealed letter of recommendation from a Alderperson or community leader | | | | | | |
| * Completion of the Verification of Ministry/Community Service Form | | | | | | |
| * Completion of the Graduate Recognition Form (If applicable) | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **In order to receive a scholarship from Trinity United Church of Christ applicant or family member MUST be present on Scholarship Sunday** | | | | | | |
|  | | | | | | |
| **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |