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| **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) |
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| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **State \_\_\_** | **Zip\_\_\_\_\_\_\_\_\_** |
| **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **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 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
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| **CHECKLIST** |
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| * 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
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| * Completion of the Verification of Ministry/Community Service Form
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| * 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |