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| **Cheryl L. Guyton Memorial Scholarship** | | | | | | |
| (For High School Graduates who plan to attend college with a minimum “B” GPA along with a 26 or higher on the ACT and/or 1760 or better on the SAT. The scholarship is renewable up to three (3) years) | | | | | | |
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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 with ACT (26 or more)/SAT (1760 or better) test scores at least 3.0 GPA * College acceptance letter and proof of registration * Submit a **500 – 600 WORD** statement outlining your personal life goals which includes a paragraph about your personal, community interests and a community activity or program in which you are involved * One (1) letters of recommendation, from a School Teacher or Counselor/Advisor * One (1) letter of recommendation from a Trinity U.C.C. member | | | | | | |
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| **CHECKLIST** | | | | | | |
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| * Current Official college or high school transcript with ACT/SAT test scores * High School or College acceptance letter and proof of registration * Submit a **500 – 600 WORD** statement outlining your personal life goals which includes a paragraph about your personal, community interests and a community activity or program in which you are involved * One (1) letters of recommendation, from a School principal or counselor/advisor * One (1) letter of recommendation from a Director of the community organization(s) in which you server | | | | | | |
| * Completion of the Verification of Ministry/Community Service Form | | | | | | |
| * Completion of the Graduate Recognition Form (If applicable) | | | | | | |
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| ***Thank you! May God bless your efforts as you strive to “serve the Lord with gladness,” being all that God created you to be!*** | | | | | | |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |