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| **Rev. Dr. Jeremiah A. Wright, Jr./Deacon Don Moody Memorial Scholarship** | | | | | | |
| (Applicants must be at least 18 years of age and older who has completed the 12-step program and desires to further his/her formal education in substance abuse and/or rehabilitation. Recipient must commit to volunteer service on the crisis line of the TUCC Drug/Alcohol Ministry or work in a related 12-Step Program. This scholarship is renewable for 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 college transcript * College acceptance letter and proof of registration * Submit a **300 WORD** essay/bio, which addresses personal and/or family addiction, why you should receive this scholarship and your long-term goals after graduation. * One (1) sealed letter of recommendation from a college/university professor * One (1) sealed letter of recommendation from a 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/bio, which addresses personal and/or family addiction, why you should receive this scholarship and your long-term goals after graduation. * One (1) sealed letter of recommendation from a college/university professor * One (1) sealed letter of recommendation from a 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) | | | | | | |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |