Mildred Chapman Memorial Scholarship

Recognizes 2- or 4-year nursing students. The scholarship is renewable for up to three (3) years. Applicants must submit:

Please Print Clearly
Name: ________________________________________________________________
Address: ________________________________________________________________
City: __________ State: ___ Zip code: ___ Phone: __________
Email: ________________________________________________________________
CAN THIS PHONE ACCEPT TEXTS? ___

Name of school you attend: ____________________________________________
City: ______________ State: ___ Zip code: ___ Phone: __________

Activities, groups, and ministries you are affiliated with at Trinity:
Use Additional Paper if Necessary

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Offices held in ministries at Trinity:

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• Current official college or university transcript
• 300-500 WORD essay which addresses “How My Decision to Become a Nurse Will Benefit the Church and Community.” If a scholarship renewal application, see application form for topic.
• One (1) letter of recommendation from college/university professor or counselor
• Ministry/Community Service Verification Form
• Graduate Recognition Form (if applicable)
• When applying for a Renewal Scholarship, please use the Renewal Application Form and submit the required documents listed on the Renewal Form.

Checklist
• Current official college or university transcript
• 300-500 WORD essay which addresses “How My Decision to Become a Nurse Will Benefit the Church and Community.” If a scholarship renewal application, see application form for topic.
• One (1) letter of recommendation from college/university professor or counselor
• Ministry/Community Service Verification Form
• Graduate Recognition Form (if applicable)
• When applying for a Renewal Scholarship, please use the Renewal Application Form and submit the required documents listed on the Renewal Form.

Thank you! May God bless your efforts as you strive to “serve the Lord with gladness,” being all that God created you to be

In order to receive a scholarship from Trinity United Church of Christ applicant or family member MUST be present on Scholarship Sunday

Signature________________________________________________________
Date: ________________________________

CHAPMAN MEMORIAL SCHOLARSHIP