

TRINITY UNITED CHURCH OF CHRIST SCHOLARSHIP AWARDS & GRADUATE RECOGNITION

400 West 95<sup>th</sup> Street Chicago, IL 60628

Rev. Dr. Otis Moss III, Senior Pastor

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# Graduate Recognition Registration Form

(For Trinity United Church of Christ Members Only)

PLEASE PRINT CLEARLY

Check One:	<input type="checkbox"/>	<b>ELEMENTARY</b>	<i>Completion of all elementary requirements and entering high school.</i>
	<input type="checkbox"/>	<b>HIGH SCHOOL</b>	<i>The high school diploma is typically studied for over the course of three to four years, from grade 9 to grade 12. The (GED) credential is offered as an alternative qualification for those who did not successfully earn a high school diploma.</i>
	<input type="checkbox"/>	<b>ASSOCIATES</b>	<i>An associate degree is a two-year post-secondary degree.</i>
	<input type="checkbox"/>	<b>LICENSURES</b>	<i>Licensure means a restricted practice or a restriction on the use of an occupational title. Individuals add an acronym to their name, such as CPA (Certified Public Accountant)</i>
	<input type="checkbox"/>	<b>CERTIFICATIONS</b>	<i>Professional certification, trade certification, or professional designation, often called certification or qualification, is earned by a person to assure qualification to perform a job or task.</i>
	<input type="checkbox"/>	<b>BACHELORS</b>	<i>An undergraduate degree offered by an accredited four–years school, including private, public and online colleges or universities.</i>
	<input type="checkbox"/>	<b>MASTERS</b>	<i>Given to a student by a university or college after one or two years of study following a bachelor's degree.</i>
	<input type="checkbox"/>	<b>DOCTORATE</b>	<i>The highest earned academic degree in U.S higher education degrees.</i>

Did you apply for a scholarship? Yes  No  Do you qualify? Yes  No

Name of Scholarship Applied: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Can this telephone number accept text messages? \_\_\_\_\_

Email: \_\_\_\_\_

Graduating from: (Name of School) \_\_\_\_\_

Planning to Attend: (Name of School) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FORMS MUST BE RETURNED TO THE SCHOLARHIP AND EDUCATION EMAIL MAILBOX [applications@trinitychicago.org](mailto:applications@trinitychicago.org)

NO LATER THAN MAY 11, 2023 6:00 PM