

TRINITY UNITED CHURCH OF CHRIST SCHOLARSHIP AWARDS & GRADUATE RECOGNITION

400 West 95th Street Chicago, IL 60628

Rev. Dr. Otis Moss III, Senior Pastor

Rev. Dr. Jeremiah A. Wright, Jr., Pastor Emeritus

Frankie Wilson, Chair | applications@trinitychicago.org | 773 962 – 5650

Ray and Venetia Helm Memorial Scholarship

(For Trinity United Church of Christ Members Only)

For high school graduates or continuing college students seeking to continue their education in an accredited college or university. Applicant must submit:

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Can this number receive texts? Yes _____ No _____
Email: _____

College/University/School You Attend: _____

Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext. _____ Yes _____ No _____
Email: _____

Activities, Groups and Ministries You Are Affiliated with At Trinity:
(Use Additional Attachments if Necessary)

Ministry	From	To	Chairperson
_____	_____	_____	_____
Ministry	From	To	Chairperson
_____	_____	_____	_____

Offices Held in Ministries at Trinity:

Title	From	To	Chairperson
_____	_____	_____	_____
Title	From	To	Chairperson
_____	_____	_____	_____

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Applicants Must Submit:

- Current official high school or college transcript showing at least a 2.5 GPA.
- College acceptance letter and proof of registration
- Submit a 500-WORD essay on “How will this scholarship assist you in reaching your dreams at an accredited college or university?”
- One (1) Letter of recommendation from teacher, college professor or director/supervisor
- Ministry/Community Service Verification Form
- **Graduate Recognition Form** (if applicable)

Checklist

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DEADLINE FOR SUBMISSION WEDNESDAY MAY 9, 2024, emailed to applications@trinitychicago.org.

To receive a scholarship from Trinity United Church of Christ, applicant or family representative **MUST be present on Scholarship Sunday.**

Thank you!

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

Signature: _____ **Date:** _____

Giving #: _____ **Any Special Needs?** _____