

**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

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

Frankie Wilson, Chair | [applications@trinitychicago.org](mailto:applications@trinitychicago.org) | 773 962 – 5650

## **Annette Glenn Parker Memorial Scholarship**

**(For Trinity United Church of Christ Members Only)**

*This scholarship is in memory for the dedication of Annette Glenn Parker in the field of nursing. Prospective scholarship recipients are high school seniors who plans to major in the field of nursing, allied health or science, technology, engineering, or mathematics (STEM).*

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 Attachments if Necessary)*

Ministry	From	To	Chairperson
_____	_____	_____	_____

**Offices Held in Ministries at Trinity:**

Title	From	To	Chairperson
_____	_____	_____	_____

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Applicants Must Submit:

- Current official transcripts
- Copy of acceptance letter/ registration in a four-year college or university
- Submit a 300 WORD essay on, “why the student chose a career in nursing, health, or science?”
- One (1) letter of recommendation from teacher or counselor
- Ministry/Community Service Verification Form
- **Graduate Recognition Form**

**Checklist**

- Current official transcripts
- Copy of acceptance letter/ registration in a four-year college or university
- Submit a 300 WORD essay on, “why the student chose a career in nursing, health, or science?”
- One (1) letter of recommendation from teacher or counselor
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- **Graduate Recognition Form** (if applicable)

**DEADLINE FOR SUBMISSION WEDNESDAY MAY 9, 2024, emailed to [applications@trinitychicago.org](mailto: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?** \_\_\_\_\_