



GRACE LUTHERAN CHURCH
COLLEGE SCHOLARSHIP APPLICATION

Tressel Memorial Scholarship Fund

Applicants must be active members of Grace Lutheran Church, currently enrolled or accepted in a college or university, and majoring in a parish or church related field.

Please provide the following information for review by the Executive Committee of Grace Lutheran Church.

Name: _____

Address: _____

Telephone number: _____

College/University attending: _____

College/University telephone number: _____

Major/area of study: _____

Years completed: _____ College graduation year: _____

Current Grade Point Average: _____

Stipulations for repayment of scholarship as set forth by the Tressel Memorial Scholarship Fund.

- Failure to obtain degree in a parish or church related field.
- Failure to enter an occupation in a parish or church related field.
- Failure to serve one year in Christian service.

I understand and agree to abide by the stipulations as stated above.

Applicant's signature _____

Applicant's Parent/Guardian signature _____

For Executive Committee Use only:

Amount Awarded: _____ Date Awarded: _____

Church Council President Date Sr. Pastor Date

Completed applications must be received in the church office by May 1.