



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\*. (*\*Ordained ministry, parish work, music ministry, Christian day school teacher, lay ministry, youth ministry, medical missionary, or any other fields of Christian service.*)

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 3.***