

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 <u>parish or church related</u> 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 numb	oer:		
Major/area of study:			
Years completed:	_ Coll	ege graduation year:	
Current Grade Point Average:		_	
Stipulations for repayment of schol	arship as s	set forth by the Tressel Me	morial Scholarship Fund.
Failure to obtain degree in a par Failure to enter an occupation in Failure to serve one year in Chr	n a parish	or church related field.	
I understand and agree to abide by	the stipula	tions as stated above.	
Applicant's Signature			
Applicant's Parent/Guardian Signat	ture		
**********	*****	*******	*******
For Executive Committee Use only	y:		
Amount Awarded:		Date Awarded:	
Church Council President	Date	Sr. Pastor	Date