

## 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 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 Memo	rial Scholarship Fund.
Failure to obtain degree in a parish or Failure to enter an occupation in a parish Failure to serve one year in Christian s	ish or church related field.	
I understand and agree to abide by the stip	oulations as stated above.	
Applicant's Signature		
Applicant's Parent/Guardian Signature		
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Amount Awarded:	Date Awarded:	
Church Council President Date	Sr Pastor	Date