

Aslin Scholarship Application

Trinity Lutheran Church and School
Traverse City, MI 49684

Type of Scholarship: Trinity Lutheran School Professional Church Work Student

Student Name: _____ Trinity Member? Yes No

(TLS Students) Father's Name: _____ Mother's Name _____

Address: _____ City _____ State ____ Zip _____

Phone Number _____ Alternate Phone _____

Monthly Income from all sources (after taxes): _____

Number of People in Family Home: _____ Adults _____ Children

Do you have any other potential sources of help paying tuition? _____

What is the maximum monthly amount you can contribute toward costs? _____

What do you anticipate is your **total** unmet need toward tuition and costs? _____

Please (briefly) explain any other circumstances which should be considered when determining the scholarship award?

Church Work Students only, please complete the following:

Synodical School that you are planning to attend _____

When do/did you begin schooling (year)? _____ Expected Graduation? _____

(Undergraduates) Have you officially declared a major? Yes No

What is your church work major? _____

By signing below, I declare that the information that I have provided on this form is true and I have made a good faith effort to provide answers that are appropriately researched and accurate. I furthermore grant Trinity Lutheran Church and School administrators explicit permission to investigate any declarations made in this application with employers and educational institutions.

Signature _____ Date _____

Applicant or Parent (if under 18 years old)