

Trinity Lutheran Church Scholarship Request Form

Your Name or Child's Name(s) _____

Contact Information: Email Address: _____
Phone Number(s) _____

Event or Activity _____

Cost of Activity or Event Per Person: \$ _____

Amount You Are Able to Contribute: \$ _____

I would like to set up a payment schedule: _____ Yes _____ No

Amount Requested from Trinity: \$ _____

Notes (Optional):

Please submit this form to the Trinity office and we will get back to you.

Thank you,

Trinity Lutheran Church Staff