

APPLICATION FOR CONTINUED GRANTS

Name: _____

Home address: _____

School address: _____

I will be starting semester: _____ at: (School) _____

My major(s) or field of interest is: _____

My current career or life goal is: _____

My family's employment and financial situation is similar to my original application. **YES/NO**
(Please circle, detail significant changes as indicated by a NO response.)

My anticipated costs for academic year (example 2019-20): _____

Housing (room/board): _____

Tuition: _____

Associated costs: _____ (detail): _____

Total: _____

I **did/did not** (circle) have a part or full time job last school year – include on campus work-study.

I **did/did not** (circle) have a full or part time summer job. At: _____

I expect to contribute about \$ _____ to my education expenses next year from non-scholarship or financial aid sources.

Call, Equip and Send are not necessarily sequential – what aspect of the mission statement of Trinity did you find impacted your life last academic year?

(Please attach your brief response on a separate page)

I understand that my complete application includes a copy of my FAFSA (Free Application for Student Aid), financial statement from my school, or other proof of matriculation before any award from the Trinity Lutheran Church Endowment Fund for Education is released for my use:

(Signature)

Date: _____