

TRINITY EPISCOPAL CHURCH

SCHOLARSHIP APPLICATION

139 Ocean Avenue, Cranston, RI 02905

(401) 941-4324

office@trinitycranston.org

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Current School: _____

Current Grade: _____

To apply for a Trinity Church scholarship, please submit the following:

*A statement of interest, including the college, university, vocational or technical program you will be attending. Describe your goals in pursuing this education, and also provide a summary of your current/past involvement in Trinity Church, and/or your willingness and availability for a special project.

*A copy of your acceptance letter for the program you will be attending. If you are continuing your education, please provide a copy of your previous transcript and your registration for the next term.

*Description of a camp you would like to attend.

*This form, signed by the applicant, and if under 18 years of age, a parent or guardian.

*Applications may be scanned and emailed or mailed to the office; attention Margaret Thomas

Applicant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____