



175 S. Third Street
Lehighton, Pennsylvania 18235-2029

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ SCHOOL PHONE: _____

VOTING MEMBER of Trinity Evangelical Lutheran Church, Lehighton? YES ___ NO ___

MEMBER of another Religious Body? YES ___ NO ___

If yes:

Name of the Congregation: _____

Address of Congregation: _____

Year graduated or will be graduating from High School: _____

HIGHER EDUCATION INSTITUTION attending: _____

DEGREE pursuing: BS ___ BA ___ RN ___ Other _____ Full Time ___ Part Time ___

Declared Major: _____ Expected Year of Graduation: _____

SAT: V _____ M _____ CLASS RANK: _____ GPA _____ Nat'l Honor Society? YES ___ NO ___

EXTRACURRICULAR ACTIVITIES: _____

APPLICANT'S FINANCIAL INFORMATION:

Cost of Tuition Room & Board: _____

Cost of Books & Other School: _____

Cost of Personal Expenses: _____

TOTAL: _____

Any other Scholarships: _____

Any Loans: _____

Applicant's Savings & Assets: _____

Applicant's Income (monthly): _____

(continued on other side)

Are you a dependent of your parent(s) for Federal Income Tax purposes? YES ___ NO ___

If YES:

Parent(s) Name: _____

Parent(s) Address: _____

Parent(s) Telephone No.: _____

Parent(s) Financial Resources:

Net Annual Income _____

DEBTS:

Mortgage _____

Other Dependents at home: YES ___ NO ___

Cost of their education: _____

Cost of their support: _____

TOTAL: _____

I hereby certify that the above information is true and correct.

Signature of Applicant

Signature of Parent