



175 S. Third Street  
Lehighton, Pennsylvania 18235-2029

## TRINITY HIGHER EDUCATION GRANT APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

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

Year graduated or will be graduating from High School: \_\_\_\_\_

HIGHER EDUCATION INSTITUTION attending: \_\_\_\_\_

DEGREE pursuing: BS \_\_\_ BA \_\_\_ RN \_\_\_ Full Time \_\_\_ Part Time \_\_\_

Declared Major: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

SAT: V \_\_\_\_\_ M \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ GPA \_\_\_\_\_ Nat'l Honor Society? YES \_\_\_ NO \_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent