

# TRINITY BAPTIST CHURCH

2040 West Jefferson Boulevard - Los Angeles, California 90018

## SCHOLARSHIP APPLICATION

Applicant's Name

Last

First

Middle

Legal Address

City

State

Zip Code

Mailing Address

(If different from legal address)

City

State

Zip Code

Telephone Number: Area Code ( )

Are you a U.S. citizen?

Yes

No

Permanent U.S. Citizen:

Yes

No

If in U.S. on Visa, specify:

Yes

No

If yes, type of Visa:

Number on Visa Card:

Date of Issue:

Permanent Resident Card

Social Security Number:

Date of Birth:

Month	Day	Year	Age
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Birthplace:

### Educational Information:

Last High School Attended:

School Name

Address

From (year) To (year) Did you graduate? Type of Degree:

Parents Deceased:

Father

Mother

Both

Give Full Name and Residence of each of the following:

Father's Name

Address

City

State

Zip Code

Mother's Name

Address

City

State

Zip Code

Court Appointed Guardian:

Are you a member of Trinity:

Yes

No

How long have you been a member?

**PLEASE ATTACH CURRENT VERIFICATION OF CHURCH ACTIVITIES AND PROOF OF REGISTRATION IN A COLLEGE/UNIVERSITY**

Date Received: