**Trinity United Church Scholastic Trust Fund**

**Application Form**

The purpose of the Trinity United Church Scholastic Trust Fund is to provide limited financial assistance in the form of a one-time grant to qualified applicants who are entering their first year of university, or college, or trade school (or a similar approved post-high school establishment of higher learning). Applicants must either themselves, or their parent(s), or their grandparent(s) be members of Trinity United Church. The financial grant is called the Trinity United Church Scholastic Trust Award.

One application only is permitted for each applicant. A committee of the Trinity United Church Scholastic Trust Fund will assess each application based on (a) the information provided in the application form, and (b) an interview conducted in person (or by video link) with the applicant. The committee has the exclusive right to determine whether an applicant meets the criteria for a grant. The decision of the committee is final.

Application forms and supporting documentation (if any) must be typed and submitted to the Scholastic Trust Committee Chair by June 5th, 2025. You can email your submission to **carly.cunningham.c@gmail.com****.** If you have any questions, or need alternative submission arrangements or other accommodations, please call 905-373-6391, or email**carly.cunningham.c@gmail.com****.**

Interviews will be taking place on Monday June 16th and Tuesday, June 17th. Grants are awarded to successful applicants in person during the July 6th Sunday church service.

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| **APPLICANT INFORMATION**  |
| Applicants Name:  | Applicants Name |
|  |
| Home Address: | Address |
|  |
| City:  | City | Prov.:  | Prov. | Postal Code:  | Postal Code |
|  |
| Cell Phone:  | (XXX) XXX-XXXX |
|  |
| Email:  |   |
|  |
| My preferred method of contact is | [ ]  Cell Phone OR [ ]  Email |
| (this is how the grant committee will communicate with you about your application) |
| Parent(s) Name:  |   |
|  |
| Parent Email:  |   |
|  |  |
| Parent Home Number:  | (XXX) XXX-XXXX |
| Parent Cell Number:  | (XXX) XXX-XXXX |
|  |
| Linkage to Trinity if different from yourself or parents (please state first and last name): |
| Name:  |   | Relation:  |   |

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| **PROGRAM INFORMATION**  |
| Name of School: |   |
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| Program:  |   |

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| **ADDITIONAL INFORMATION**  |
| 1. Why are you applying for a Scholastic Trust Award? Max 250 words.
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| 1. What is your relationship to Trinity? Max 250 words.

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| 1. Tell us about yourself (your hobbies, interests, volunteer work and community involvement etc.) Max 250 words.

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