

Church Partnership Application

The Trinity Church Partnership Grant is awarded to students who are members or regular attendees of churches that give a minimum financial gift to Trinity each year.

Church Responsibility						
Please fill out th	e information fields	s completely, sign,	and return to the addr	ess listed below by the	due date.	
Student's Name			Student ID Number			
Grant intended	l for: 🗌 FA	and/or □ SP	20			
Church Name		Contact Person				
Church Address		City	State	Zip Code		
Church Phone Nu	mber					
I verify that			is a new studen	_ is a new student at Trinity International University, a		
regular attendee of, and should receive one of the gr					ne of the grants	
availa	ble from this chu	rch for the Trinity	Church Partnership	Grant. I also unders	tand that a	
		-	•	lergraduate) from this		
			graduate and 5 und	lergraduate) from triis	charch are	
eligible	e to receive the g	jrant.				
Church Official's S	Signature					
	3					
Title			Da	Date		
Please send the student's first se	•	the Financial Aid	Office. This form must	t be received before the	first day of the	
0 14 .	-					
Send form to:	Trinity International University Student Financial Services					
	2065 Half Day R					
	Deerfield, IL 60	015				
OFFICE USE ON	LY					
☐ APPROVED	☐ DENIED Date	te	Staff Signatui	re		