JONATHAN DAVID TRACHSEL MEMORIAL SCHOLARSHIP FORM

Application Dates: March 2, 2020 – April 6, 2020

Scholarships are offered by Peace United Church of Christ, Rochester, Minnesota

Attention: Please read carefully:

- Scholarship awards will be based on 1) financial need and academic record, and 2) qualified applicants enrolling in an accredited academic program **preparing to work in the fields of religion, dentistry, or medicine**.
- Recipients need to be enrolled in a **Rochester, Minnesota High-School.**
- An official transcript of your high-school academic record must be included with this application. Please limit additional information to one page or less.
- **This application must be returned or postmarked by April 6, 2020** to Jonathan David Trachsel Memorial Scholarship, Peace UCC, 1503 2nd Ave NE, Rochester, MN 55906.
- Notification of acceptance only will be made by May 4, 2020.
- Recipients of awards must provide the committee with the full name and address of the post secondary institution he or she will be attending. The scholarship check will be sent to the recipient, but will need to be endorsed by both the recipient and the institution.

A. Personal Information

Name: _____ _____ _____
(Last) (First) (Middle)

Address: _____
(Street/Box #) (City/State) (Zip Code)

Telephone: _____

Gender: (circle one) Male Female Age: _____ Birth Date: _____/_____/_____
Month Day Year

Where do you intend to go to college?: _____ _____

Have you been accepted? _____ What degree will you be working toward?_____

What field of work do you plan to pursue after graduation from college?
_____

Please summarize your extra-curricular and volunteer activities (senior-high and later):

- School: - Social:

- Church: - Civic:

B. School Record

School Attended: _____ Year of Graduation: _____

Have you attended high-school or college elsewhere?(circle one) Yes No

If Yes, please list name of school and length of attendance? _____

B. Work Experience

Employer & Address	How long?	Type of Work	PT / FT ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Family History (if living at home)

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number of siblings: _____ Do any members of your family attend a post-high school institution?

___ Father ___ Mother Where? _____

___ Sibling(s) Where? _____

If on your own, describe your family situation:

D. Financial Data

Indicate Total Gross Income (both parents) as indicated on 1040 Tax Form: $_____

Anticipated expenses: (circle one) per semester per quarter
Tuition / Fees $_____ Books $_____

Living Expenses $_____ Other $_____

How much will your family contribute? $_____ How much you will contribute? $_____

Have you been awarded any financial assistance (loans, grants, local scholarships, etc)? Yes No
If Yes, how much? $_____

Indicate any unusual circumstances that may increase your need:

E. Personal References (please provide three character references – not relatives):

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____ _____ _____
signature of applicant date signature of parent(s) date