

TRULIGHT CHRISTIAN CHARACTER SCHOLARSHIP APPLICATION

- (check box) YES, I am a resident of Wakulla County, Florida.
- (check box) YES, I will be graduating from a Wakulla County School this academic year.
- (check box) YES, I will be attending Tallahassee Community College for Fall and Spring of the following academic year.
- (check box) YES, I understand that the scholarship monies will be distributed by Tallahassee Community College.

Last Name _____ First Name _____ Middle Initial _____

Address 1 _____

Address 2 _____

City / ST/ Zip _____

Date of Birth _____

Phone _____ Home Church _____

Email _____ Senior Pastor _____

_____ Youth Pastor _____

HIGH SCHOOL

Name _____

Address _____

Address _____

City / ST/ Zip _____

Phone _____

SCHOOL / COMMUNITY / CHURCH INVOLVEMENT

NOTE: List extra-curricular activities that you have been personally involved in during grades 9-12.

Name of Activity	Years of Participation	Office(s) Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AWARDS / SPECIAL HONORS / DISTINCTIONS

NOTE: List awards, honors, or distinctions that you received during grades 9-12.

Name of Activity	Years of Participation	Office(s) Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHRISTIAN TESTIMONY

Write a paragraph or two explaining what "Christian Character" means to you.

REFERENCES

NOTE: Two references required (one pastoral and one academic). Applicants MUST submit reference letters from each.

PASTORAL

Full Name _____

Title / Position _____

Church _____

Church Address _____

City / ST/ Zip _____

Phone _____

Email _____

ACADEMIC

Full Name _____

Title / Position _____

School _____

School Address _____

City / ST/ Zip _____

Phone _____

Email _____

ADDITIONAL INFORMATION

Are you a first generation college student? (write "yes" or "no") _____

Write a brief description of your intended major and/or college career goals. _____

HIGH SCHOOL INFORMATION

*NOTE: This section **MUST** be completed by your high school guidance counselor.*

Cumulative High School Grade Point Average: _____ Class Rank: _____ Class Size: _____

I hereby certify that the academic information provided in this section is correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____

High School: _____ Phone: () _____

APPLICANT CERTIFICATION / PERMISSION TO RELEASE INFORMATION

- * I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge.
- * I understand that submitting nonfactual information will automatically disqualify me from consideration for this scholarships.
- * By submitting this application, I authorize my high school to make information concerning my academic records available to the Trulight Christian Leadership Scholarship Committee.
- * By signing below, I allow use of all application information and my picture to be used on Trulight and/or TCC website and other promotional material.

Applicant Signature: _____

Date: _____