



HISTORIC TRINITY

LUTHERAN church

LCMS Schools Scholarship 2024-25

812 Soulard Street
St. Louis, Missouri 63104

Members receiving a scholarship are expected to:

- Be listed on the roster of members at Historic Trinity Lutheran Church, Saint Louis, MO.
- Participate faithfully in the worship, ministry, and mission of Trinity.
 - Participating in worship at Trinity a minimum of 12 times, the six months prior to desired semester (Fall Semester = Jan-June, Spring Semester = July – Dec)
 - Concordia University & Seminary scholarship recipients must attend a church or Christian campus ministry in the location of their college/university.
- Practice regular faithful giving and financial support of the mission of Trinity.
- Involve my/our student in age appropriate Christian education programs of Trinity
 - i.e. Sunday School, Confirmation, Youth Group

LCMS Scholarship Distributions

Word of Life, K-8	Max of 50% of remaining tuition after all other scholarships & financial aid have been applied, max of 9 yrs.
Other area LCMS K-8	Max of \$500 yr., max of 9 yrs.
Area LCMS High School 9-12	Max of \$1000 yr., max of 4 yrs.
LCMS Concordia University	Max of \$2000 yr. (pursuing a bachelor's degree, max of 5 yrs., or master's degree, max of 2 yrs., to become a Rostered Church Worker) Max of \$500 yr., (max of 1 yr., pursuing Colloquy to become a Rostered Church Worker)
LCMS Seminary	Max of \$2000 + door offering, max of 4 yrs. (pursing Ordination) Max of \$2000, max of 4 yrs. (Deaconess certification)

All scholarship monies will be paid out directly to the school on behalf of the student, 50% or 33.3% of scholarship will be paid at the beginning of each semester or trimester - pending that conditions of scholarship are being continually met.

Application Deadline:

- Fall Semester – July 1
- Spring Semester – November 1



2024-25 LCMS Schools Scholarship Application

Parent/Guardian Name(s):

Student Name

Address City ST ZIP

Address City ST ZIP

Phone: Phone

Phone:

Email: Email

Email:

Please "X" for entering Grade level

_____K _____1 _____2 _____3 _____4 _____5

_____6 _____7 _____8

_____9 _____10 _____11 _____12

_____BA/S 1 _____BA/S 2 _____BA/S 3 _____BA/S4 _____BA/S 5

_____G 1 _____G 2

_____Col 1

_____Sem 1 _____Sem 2 _____Sem 3 _____Sem 4

School Enrolled At:

School Address City ST ZIP

Yearly Tuition Amount:

Total of other Scholarships Awarded:

Signature of Principal or Registrar

I/We certify that the submitted information is correct to the best of our ability and that we currently meet the qualifications of this scholarship.

Parent/Guardian Signature

Student Signature