## **Elevate Chattanooga: Continuing Ministry Education Scholarship**



## **APPLICATION**

Personal Information	
full name	date of birth
postal address	cell phone
city, state, zip	email
name of spouse (if applicable)	date of marriage (if applicable)
name(s) & age(s) of children (if applicable)	
home church	location of church
Institution you will be/are attending	
	Start/Finish:
seminary or school or program	length of class or program
campus or location	
Previous education/Experience	
undergraduate institution that granted your degree	degree(s) earned
work/military expense (add additional page if necessary)	years of service
high school	month & year of graduation
Reference	
Please ask reference to send letter to TGT via mai	l or email. There is no specific form.
name of ministry reference	church/institution
Description & Cost of Class	
In a separate attachment, please give a short description of the Please include the cost of the class(es)/course(s) and your finan	class(es)/courses(s) you will be taking and how it will impact your current ministry work. cial need.
<u>Confirmation</u>	
I hereby apply for a Elevate Chattanooga scholarship. In electron	nically signing my name, I attest that all information provided is factual.
Signed	1
Date	

Please email or mail your application to the following:

The Generosity Trust

345 Frazier Avenue, Unit 205

Chattanooga, TN 37405

423-266-5257 Fax 423-265-0949

Attn: Marsha Sturm

Email: marsha@thegenerositytrust.org