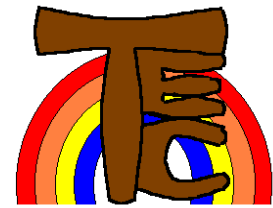


Lutheran Share The Word Teens Encounter Christ  
(Eastern North Carolina)



**Scholarship Application**

Circle the date of the TEC weekend for which you are requesting financial assistance.

	<b>2010</b>	<b>2011</b>
<b>Martin Luther King</b>		<b>#41 (1/15-17)</b>
<b>Labor Day</b>	<b>#40 (9/4-6)</b>	<b>#42 (9/3-5)</b>

Youth\_\_\_ Adult\_\_\_ (21 or older)

Today's Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Male\_\_\_ Female\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

High school student: Freshman \_\_\_ Sophomore \_\_\_ Junior\_\_\_ Senior \_\_\_ College Student \_\_\_ N/A\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School \_\_\_\_\_

Church Name \_\_\_\_\_ Pastor(s) \_\_\_\_\_

Parent Or Guardian's Name(s) \_\_\_\_\_

The total cost of the weekend is **\$150**.

Amount you can pay \_\_\_\_\_

Amount your church will pay \_\_\_\_\_

Amount requested for scholarship \_\_\_\_\_

Reason for assistance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Guest \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Pastor \_\_\_\_\_ Date: \_\_\_\_\_

You will be notified by a Share the Word TEC Board member with the status of your request prior to the retreat weekend.

Please mail completed forms to:

**Share the Word T.E.C. - Scholarship**  
**c/o Grace Lutheran Church**  
**5010 Six Forks Road**  
**Raleigh, NC 27609**

**Scholarship applications MUST be received at least two weeks before the weekend.**