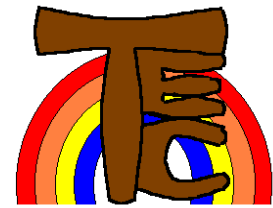


Lutheran Share The Word Teens Encounter Christ
(Eastern North Carolina)



Scholarship Application

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

	2012	2013
Martin Luther King	#43 (1/14-16)	#45 (1/16-18)
Labor Day	#44 (9/1-3)	#46 (8/31-9/2)

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.