

APPLICATION FOR GIFT FROM SOS FUND

I am an active member of Trinity Emmanuel Lutheran Church and am a _____ semester _____ at _____.

(1st, 2nd) (freshman/soph, jr, sr) (name of college)

I understand that my church may award a small monetary gift from the SOS Fund to college students. I wish to apply for this gift and agree that it will be applied toward my college expenses. I also understand that I must apply for this gift annually.

(Student Name)

(Student email address)

(Address where you would like the check mailed)

DATE _____

****NOTE:** This application must be completed and returned to the church office by August 31st in order to be eligible for a gift.

Trinity Emmanuel Lutheran Church
Atten: Jerry Mendes
761 Elmgrove Rd
Rochester, NY 14624