

Name of Applicant _____
Last Name First Name Middle

summer
seminary
sampler
Academic Record

Summer Seminary Sampler
Trinity Lutheran Seminary
2199 East Main Street
Columbus, OH 43209

For more information or any questions:

(614) 235-4136 ext. 4619

info@summersampler.com

TO THE APPLICANT: Complete the top portion and give this form to your guidance counselor at school. After your guidance counselor has completed the remaining portion and returned the form to you in a sealed envelope, return the form with the rest of your application materials. Or, if necessary, the school may send the transcript directly to us.

APPLICANTS PERMISSION STATEMENT

I hereby grant permission for my academic record to be released by high school officials for confidential use by the Seminary Summer Sampler Staff at Trinity Lutheran Seminary.

SIGNATURE of Applicant: _____ **Date:** _____

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TO THE GUIDANCE COUNSELOR: The person named above is being considered for admission to the Summer Seminary Sampler of Trinity Lutheran Seminary in Columbus, OH. During this three-week residential program, fifteen talented high school juniors and seniors will engage in service projects, course work, mentoring opportunities, worship, and fellowship. Through funding provided by the Lilly Endowment, Inc. and individual sponsors, a total of thirty youth will experience church professionals and will grow in their own faith. The intense nature of the program requires emotional stability and a well-integrated personality. Any comments regarding this applicant will be appreciated. Thank you for your assistance.

Please enclose with this form a copy of the student's high school transcript, including:

- grades through at least the **fall term of the current academic year**
- the student's most recent test scores (if available) for one or more of the following: PSAT, SAT, or ACT.

Please return the form and transcript to the student in a sealed envelope. Or, if school policy requires you to send the transcript directly to us, please mail it to the address above so that we *receive* it by **APRIL 15th**.

Counselor Name _____ **Phone** _____

School Name _____

School Address _____

Students rank in class (if available) _____ of _____ **Grade Point Average** _____

Additional Comments:

I certify that this student is currently a Sophomore Junior Senior in High School

SIGNATURE of Counselor: _____ **Date** _____