

## St. Edward's Episcopal Church Mount Dora, Florida SCHOLARSHIP APPLICATION

Full name of applicant			Nickname
Telephone number	Email :	address	
Current home address			
City	State	Zip	
Date of birth	Social Secur	Social Security Number	
2. Family Informati	ion		
Mother's name		Father's nar	ne
Occupation			
Street address			ess
City, ST, Zip			)
Phone number			ber
Education	d/or technical scho	ols you have a	ttended in the last five years.
Education a. Name all secondary an the school you are pres	d/or technical schoosently attending firs	ols you have a t.	

	d. What college(s) would you most like to attend? Please explain your reason.
	e. What colleges have you applied to for admission? Please indicate acceptance status.
	f. List scholarships, grants or loans for which you have applied, and check the ones you plan to use. Indicate funding amount you will receive.  Name Amount Plan to use
4.	Academic, athletic, service, and extra activities. Use additional pages or attach resume for sections 4a, 4b, and 4c.  a. List academic awards, achievements and dates.
	b. List participation in athletic activities.
	c. List participation in community service and extra-curricular activities.
5.	Employment History List jobs you have held in the last three years. Employer Dates Hours per week Position Salary

## **6. Expected Cost of College:**

Please provide the following information for each school that you apply.

	College	College	College	College
Tuition				
Room/board				
Books/supplies				
Clothing/personal				
Entertainment				
Transportation				
Scholarship money available?				
Total Annual Cost				

7.	Financi	ial N	feed	Summ	ary
----	---------	-------	------	------	-----

a.	Complete this section regarding Estimated Combined Net Income of you, your parent or guardian(s) for the current year. Please attach a copy of your and your parent's recent Federal Income Tax statement to the back of this application form.			
Na	ame of person	Income and year	Total annual income	
<b>b.</b>		SA (Free Application for Fedewing your EFC (expected famil	ral Student Aid)? If so, please submit y contribution).	
c.			al conditions, disabilities, etc. that may use additional pages if necessary.	
_				

Please provide your respon	se on a one-page document	faith mean to your community?" and attach it to this form. Please fol Double-Spaced. Please include your
		Episcopal Church of Mount Dora, chool record made available.
Signature of Applicant		Date
Parent/Guardian's Signature		Date
	FICIAL USE ONLY. DO NOT WRI	
This section is to be complet ranscript of the student's h		or guidance counselor. Attach a certifeet.
Ranking in senior class:	of	
GPA: on a	scale	
SAT: VerbalMath	Composite	
ACT:		