



# St. Edward's Episcopal Church

## Mount Dora, Florida

### SCHOLARSHIP APPLICATION

#### 1. Personal Information

Full name of applicant \_\_\_\_\_ Nickname \_\_\_\_\_  
Telephone number \_\_\_\_\_ Email address \_\_\_\_\_  
Current home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### 2. Family Information

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Street address \_\_\_\_\_ Street address \_\_\_\_\_  
City,ST,Zip \_\_\_\_\_ City,ST,Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

**Name and ages of siblings/other dependents. Indicate what school(s) they attend.**

Name	Relationship	Age	School or college/years attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### 3. Education

**a. Name all secondary and/or technical schools you have attended in the last five years. List the school you are presently attending first.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. How many years do you plan to attend college, and what course of study would you like to pursue?**

\_\_\_\_\_  
\_\_\_\_\_

**c. What future business or educational career will you likely pursue after finishing college?**

\_\_\_\_\_  
\_\_\_\_\_

**d. What college(s) would you most like to attend? Please explain your reason.**

\_\_\_\_\_  
\_\_\_\_\_

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e. What colleges have you applied to for admission? Please indicate acceptance status.

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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
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**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.

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b. List participation in athletic activities.

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c. List participation in community service and extra-curricular activities.

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**5. Employment History**

List jobs you have held in the last three years.

Employer	Dates	Hours per week	Position	Salary
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## 6. Expected Cost of College:

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

	College _____	College _____	College _____	College _____
<i>Tuition</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Clothing/personal</i>				
<i>Entertainment</i>				
<i>Transportation</i>				
<i>Scholarship money available?</i>				
<b>Total Annual Cost</b>				

## 7. Financial Need Summary

- a. Complete this section regarding Estimated Combined Net Income of you, your parent(s) or guardian(s) for the current year. Please attach a copy of your and your parent's most recent Federal Income Tax statement to the back of this application form.

Name of person	Income and year	Total annual income
_____	_____	_____
_____	_____	_____

- b. Have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (expected family contribution).
- \_\_\_\_\_
- \_\_\_\_\_

- c. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 8. Essay

In your own words, tell us "What does the Christian faith mean to your community?"

St. Edward's Episcopal Church, 460 N. Grandview St., Mount Dora, Florida 32757 | (352) 383-2832

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**Please provide your response on a one-page document and attach it to this form. Please follow these guidelines: Times New Romans Font, 12 pt. Size, Double-Spaced. Please include your name and date.**

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**We, the undersigned, give permission to St. Edward's Episcopal Church of Mount Dora, Florida, to check the above information and have the school record made available.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE.-

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**This section is to be completed by the school principal or guidance counselor. Attach a certified transcript of the student's high school record to this sheet.**

Ranking in senior class: \_\_\_\_\_ of \_\_\_\_\_

GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Composite \_\_\_\_\_

ACT: \_\_\_\_\_