

EPISCOPAL CHURCH WOMEN

Episcopal Diocese of New York



CHRISTIAN SOCIAL CONCERNS COMMITTEE

Guidelines for College Scholarship

All college scholarship requests must have the endorsements of the Christian Social Concerns and/or District Area Chairwoman and the parish priest.

Criteria for Scholarship Consideration:

- I. Scholarships may be granted to students who are active members of an Episcopal/Anglican Church,
- II. Scholarships may be granted to students at the undergraduate level and
- III. Students must demonstrate some level of Christian responsibility for their community.

Restrictions:

- I. The committee will not entertain requests for:
 - a. More than three applications from one parish,
 - b. More than two applicants from the same family and
 - c. Scholarships to children, grandchildren or other family members of active members serving on the Diocesan board.

Deadlines for review by the Board's Finance Committee:

Fall term college scholarship	May 15 th
Spring term college scholarship	October 15 th

There are no priorities as to District/Area; assistance is granted based on the merits of the applicants and on a first come first serve basis.

ONLY THE OFFICIAL APPLICATION WILL BE ACCEPTED

Applicant must provide all requested information:

1. Copy of High School transcript or copy of diploma from high school both demonstrating year completed.
2. Copy of college acceptance letter.
3. Probable course of study.
4. Description of how grant will be utilized; i.e books, tuition, etc.
5. Amount requested.

6. List of additional sources from which financial assistance is being sought.
7. List amounts received from other financial requests.
8. Parish and community involvement over the years.
9. Acknowledgement of receipt of funds.

Description of terms:

District/Area: Episcopal Church Women's District or Area requesting assistance, i.e. The Bronx; Dutchess; Manhattan: Central, Lower, Midtown, North; Orange –Sullivan –Ulster; Rockland; Staten Island; Westchester Central; Hudson North; Hudson South; Sawmill; Shore.

Parish: Parish to which applicant belongs.

Rector: Rector, or priest in charge of applicant's parish. If there is no steady or assigned parish priest then the senior warden may sign (but please state that information).

District/ Area and/or Christian Social Concerns Chairwoman: In parishes where there is no Christian Social Concerns Chairwoman, signature of the District/Area representative is required. When there is a parish Christian Social Concerns Chairwoman, both signatures are preferred. However, only the parish Christian Social Concerns Chairwoman is required; we would like both to be familiar with the applicant and the application in the event any concerns or questions arise.



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**CHRISTIAN SOCIAL CONCERNS COMMITTEE
COLLEGE SCHOLARSHIP APPLICATION**

I. APPLICANT'S INFORMATION

Applicant's Name: _____ Date of Birth: _____

Contact Email: _____ Telephone no. : _____

Mailing Address: _____

Name of High School presently attending or graduated:

School's Address: _____

Year completed or anticipated completion of high school: _____

Name of college/university where applicant has been accepted: _____

City, State: _____ Course of Study: _____

Reason for scholarship: _____ Amount: _____

List other financial assistance sources: parish, employment, other scholarship requests, etc.:

List amount of funds will receive from other sources: _____

II. PERSONAL STATEMENT

I have been worshipping at _____, City _____

I have been involved in my parish in the following ways: _____

I have been involved in my community in the following ways: _____

III. ENDORSEMENTS

Parish Christian Social Concerns Chairwoman

(Signature) Date: _____

And/Or

District/Area Representative

(Signature) Date: _____

And

Rector/ Priest in charge or Senior Warden

(Signature) Date: _____

Applicant's Signature: _____

Date: _____

ONLY THE OFFICIAL APPLICATION WILL BE ACCEPTED

PLEASE SUBMIT A COPY OF YOUR HIGH SCHOOL DIPLOMA OR TRANSCRIPT AND A COPY OF YOUR ACCEPTANCE LETTER FOR TERM SEEKING FINANCIAL ASSISTANCE.

You may forward the completed application and all necessary documents to:

Ms. Valrie Payne
4368 DeReimer Avenue
Bronx, NY 10466
intelstar12@yahoo.com

Date received: _____