



# ECW 2024 SCHOLARSHIP APPLICATION

## THE EPISCOPAL CHURCH WOMEN SCHOLARSHIP PROGRAM

### Eligibility Requirements

Applicant must submit a completed Application Packet (details below) and must be:

1. A communicant in good standing with the Episcopal Church, Diocese of Ala.
2. Provide validation of acceptance or enrollment in an academic institution of college rank.
3. Pursuing professional certification or a degree from an accredited institution.
4. Able to show financial need.
5. A recipient of no more than one previous ECW Scholarship.

**Last Name First Middle Social Security No.:**

\_\_\_\_\_

**Permanent Address: Street City State Zip Home/Cell Phone**

\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Age** \_\_\_\_ **Marital Status – Circle one: S M D W**

**Are You Self-Supporting?** \_\_\_\_\_

	Name:	Address:	Occupation:
<b>Father</b>	_____	_____	_____
<b>Mother</b>	_____	_____	_____
<b>Spouse (if applicable)</b>	_____		

**Please list Brothers and Sisters or Children:**

Name	Age	School/College	School Year
_____	_____	_____	_____
_____	_____	_____	_____

**Total Family Income as reported on your most recent tax return:** \_\_\_\_\_ **(Since each applicant is evaluated objectively according to financial need, you MUST provide a copy of the first two pages of your most recent Federal Tax Return - I.R.S. 1040 form.)**

Are there unusual circumstances affecting the family income or expenses that the committee should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Communicant of which parish or mission \_\_\_\_\_ City \_\_\_\_\_ Priest \_\_\_\_\_

High School or College you attend now \_\_\_\_\_ GPA \_\_\_\_ ACT \_\_\_\_ SAT \_\_\_\_ (attach transcript)

Accepted/Attending which University or College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Approximate annual cost of school (tuition/room/board) \_\_\_\_\_

Number of Previous ECW Scholarship(s) received: \_\_\_\_ Date(s) \_\_\_\_\_ (Maximum two ECW scholarships)

Are you applying for other scholarships \_\_Y \_\_N

Please list: \_\_\_\_\_

\_\_\_\_\_

List names and amounts of any scholarships you have been granted: \_\_\_\_\_

\_\_\_\_\_

## **Application Packet**

Email this form along with the following:

1. Completed application form
2. Recent transcript
3. A one-two page essay summarizing your need, your school and community accomplishments, and your church activities.
4. The Church Involvement Form, completed by your priest.
5. You or your parents most recent Federal Tax Return (first two pages only).
6. Photograph; digital if emailing, no larger than 5x7 if mailing US Post. These will be published.

Email to: ECW Scholarship Chair, Kathleen Franklin at: [kfranklin@christchurch1828.org](mailto:kfranklin@christchurch1828.org)

Or mail to: Kathleen Franklin, 3420 Blueberry Lane, Vestavia Hills AL 35216.

**\*PLEASE NOTE THAT ALL FORMS SHOULD BE SUBMITTED AS A PDF FILE IF APPLYING VIA EMAIL.**

You may text or call Kathleen at 205.370.7055 or email at the above email address for more information.

Application must be emailed or postmarked by **April 30th, 2024 deadline.**