ST. MARY'S WHITECHAPEL EPISCOPAL CHURCH

5940 White Chapel Road - Lancaster, Virginia 22503

2020 EDUCATIONAL GRANT APPLICATION FOR PREVIOUS RECIPIENTS

Please print or type. Only completed applications with requested attachments will be considered. Completed grant application and all attachments must be received in <u>one</u> package. Deadline is **Friday**, **April 24**, **2020**.

1.	Applicant's Name:			
	Last	First	Middle	
	Address (Do not Use School Address)			
	Phone No	Birth Date		
ა.	Name and address of school you are cu	irrently attending		
	Are you currently receiving financial aid No Yes If yes, explain			
5.	Are you applying for, or have you receive	ed any kind of aid fro	m the school you plan to atte	end? Yes No
	Estimated cost to attend school:	Tuition & Fees	\$	
		Room & Board	\$	<u> </u>
		Books	\$	<u> </u>
		Other (specify)	\$	
		TOTAL	\$	
	How do you propose to finance the cos		020-2021?	
	Family support \$ State	and/or School Aid	\$	
	Scholarships \$ Work	_	\$	
	School Loans \$ Savi	•	\$	
		Other	\$	
		OTAL	\$	
	The following information must	be attached to this a	pplication or it will <u>not</u> be o	considered:
	Date you expect to enter school: _An <u>official</u> transcript that includes			available):
w	ORK EXPERIENCE		`	,
**		ork experiences have	way bad? (Pabyaitting ward	1 & housework for
	During the past three years what w	•		
	other than your family, office, sales	s, rarming, rood servic	e, etc.). List additional emplo	yers on a separate
_	sheet.			
Er	nployer: 1)			
	2)			
	3)		dates	
8	B. With what church are you affiliated? _			
9	. List church groups, school organizatio	ns and community org	ganizations of which you hav	e been a member
	iring the past three years. Please state			
	ORGANIZATION		SPONSOR / DIRECTOR	
		<u></u>		
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Si	gnature of Applicant	Date		

This side must be completed by the parent or guardian of the applicant. This application and all required attachments must be received by the committee chairman in one package no later than **Friday**, **April 24**, **2020**.

Father's name:	Occupation:		
(Guardian)	Employer:		
	Yearly income: (all sources) \$		
Mother's name:	Occupation:		
(Guardian)	Employer:		
	Yearly income: (all sources) \$		
Number of persons supported by this income:			
(1 to 18 yrs) (19-55 yrs) (55 &	up)		
Explain any unusual medical, aging, handicap, or	special family circumstances:		
How much financial support may the applicant rec	ceive from the family income to attend college this year?		
Signature of Parent or Guardian	 Date		

This application must include, in one package (deadline is Friday, April 24, 2020):

An <u>official</u> transcript that includes recent test scores and class rank (if class rank is available):

Return completed application and all attachments to:
Mrs. Betty Thornton, Chairman
Educational Grant Committee
St. Mary's Whitechapel Episcopal Church
5940 White Chapel Road
Lancaster, VA 22503

If an applicant receives a scholarship to attend a four-year school but decides to attend a two-year school, a lesser monetary amount may be given.

All of the above information and family/financial information must be attached to this application or it will <u>not</u> be considered.

This application and all required attachments must be received by the committee chairman in <u>one</u> package no later than **Friday**, **April 24**, **2020**.