

**CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION**

**SCHOLARSHIP GUIDELINES**

**AND APPLICATION**

# GUIDELINES CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION SCHOLARSHIP

## THIS IS A NEED-BASED SCHOLARSHIP

**Purpose:** To assist graduating high school seniors, who have financial hardships, obtain a four-year degree from an accredited public institution of higher learning within the State of Florida College and University System.

**Scholarship Type:** The 4-year Florida University Plan (see MyFloridaPrepaid.com) covers tuition differential fee and other specified fees at a State University for 120 credit hours.

### **Eligibility:**

- A student graduating from a high school within the Beaches community or active Christ Church members graduating from a high school outside the beaches community who would be financially unable to attend college or university full-time without this scholarship.
- At least one year's residence in the State of Florida.
- An excellent high school academic record, possess unusual promise, and qualifies for acceptance by the college or university of choice within the state of Florida college and university system by the date of interview.
- Demonstrated involvement in extra-curricular activities in church, school and community.
- Students with a full Florida prepaid scholarship will not be considered.

**Application:** The following documents must be submitted to the Christ Episcopal Church Charitable Foundation **by March 1** to qualify:

- A form completed by applicant's parent(s) or legal guardian(s), including most recent IRS form 1040, FAFSA worksheet and most recent 529 savings plan statement, if applicable (please black out SSN's).
- A form completed by applicant outlining aspirations, goals, extra-curricular activities and details of financial need.
- A form completed by the applicant's guidance counselor.
- A form completed by the applicant's clergy or spiritual advisor.
- At least one letter of recommendation by a high school teacher.
- School transcripts for the 11<sup>th</sup> and 12<sup>th</sup> grades up to the date of application, including SAT/ACT test scores.
- Evidence of acceptance as a full-time student at an accredited public institution of higher learning within the State of Florida College and University System.
- A copy of any email, letter or notice from Bright Futures, FAFSA and the college or university you plan to attend regarding financial aid, a monetary award, scholarship or grant.

### **Submittals:**

- Please return the completed scholarship application and all documents requested to the applicant's Guidance Counselor.
- Applicant's Guidance Counselor must forward these materials, **on or before March 1**, to the following (or may be picked up by a member of the scholarship committee as needed):

Jennifer De Rycker  
Christ Episcopal Church  
400 San Juan Drive  
Ponte Vedra Beach, FL 32082

# CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION SCHOLARSHIP

(To be filled out by applicant)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COLLEGE EMAIL IF KNOWN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SSN: \_\_\_\_\_

**A. Please attach a typed essay providing answers to the following questions:**

1. Describe your aspirations, goals, activities, and how you envision them in relation to your future.
2. Describe the way in which you maintain or enhance your physical, mental, and spiritual well being.
3. How do you demonstrate your responsibility to the community?
4. Please explain in detail why you are in financial need of this scholarship.

**B. At what College / University will you use this scholarship?** \_\_\_\_\_  
Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

**C. Financial Considerations**

1. Cost of Attendance (first year) at the above institution:

Tuition & fees \_\_\_\_\_

Room \_\_\_\_\_

Meals \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Transportation \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Total** \_\_\_\_\_

2. Sources of Funds to pay costs of attendance

<u>Source</u>	<u>Applied for /</u>	<u>Amount</u>	<u>Awaiting Decision</u>
Bright Futures		_____	
Pell Grant		_____	
Florida 529 Plan funds		_____	
Academic Grants / Scholarships		_____	
Athletic Grants / Scholarships		_____	
Federal Direct Subsidized Loan		_____	
Federal Direct Unsubsidized Loan		_____	
Family Contribution		_____	
Other Grants / Scholarships (cite source and amount)		_____	_____
Part-time job (describe and monthly amount)		_____	_____
Other sources (describe and amount)		_____	_____
			<b>Total</b> _____

SIGNATURE:\_\_\_\_\_

(PLEASE RETURN TO APPLICANT'S GUIDANCE COUNSELOR)

**CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION SCHOLARSHIP**  
(To be filled out by applicant's Guidance Counselor)

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

The above applicant has applied for a college scholarship to be awarded by The Christ Episcopal Church Charitable Foundation. We will greatly appreciate your assessment and/or opinion regarding this applicant's standing, record, and capabilities.

Please list the following for the applicant:

- SAT: Total \_\_\_\_\_ or CR \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_
- ACT
- GPA
- Class Rank

Please attach a typed response to the following requested information:

5. Please list any scholastic honors or awards as well as any extra-curricular activities at the school.
6. As this is a need based scholarship, please give any insight into the applicants' financial ability to attend college.
7. Please provide any pertinent comments or reflections from your association with this student including how long you have known the applicant.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

# CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION SCHOLARSHIP

(To be filled out by applicant's Clergy or Spiritual Advisor)

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

The above applicant has applied for a college scholarship to be awarded by The Christ Episcopal Church Charitable Foundation. We will greatly appreciate your assessment and/or opinion regarding this applicant.

Please attach a typed response to the following areas:

1. The applicant's spiritual outlook, activities, community involvement and relationships.
2. Any knowledge you may have about the applicant's need for financial assistance.
3. Any other comments, reflections and/or recommendations pertinent to the applicant.

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

(PLEASE RETURN TO APPLICANT'S GUIDANCE COUNSELOR)

# CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION SCHOLARSHIP

(To be filled out by parent(s) or legal guardian(s))

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Combined annual household income \$ \_\_\_\_\_

*(Please provide IRS form 1040 from previous year tax returns. Application will not be considered without this document) If parents are divorced or separated both must provide a 1040.*

Other siblings in the family and age, excluding applicant \_\_\_\_\_

How many children in the family are currently attending college? \_\_\_\_\_

If other children are currently in college, how are these expenses funded?

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

Please describe any special family situations that are relevant to your financial situation.

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

I certify that this information is accurate and I understand that the information contained in this application will only be shared with the Scholarship Committee of the Christ Episcopal Church Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name