



400 San Juan Drive, Ponte Vedra Beach, FL 32082
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904-285-6127

2018

**CHRIST EPISCOPAL CHURCH CHARITABLE
FOUNDATION EDUCATIONAL GRANT APPLICATION
FOR COLLEGE STUDENT**

Guidelines

Christ Episcopal Church Charitable Foundation Educational Grant

THIS IS A NEED-BASED GRANT

Purpose

The purpose of the Educational Grant is to enable a high school or college student to attend the College or University of his/her choice when personal and family financial conditions would otherwise prevent them from doing so.

Please note that, in general preference will be given to students who are attending public schools within the State of Florida College & University system.

Students should:

- live in the Beaches community or be an active member of Christ Episcopal Church.
- have achieved excellence in their academic, community and spiritual lives.
- not qualify for a Christ Episcopal Church Foundation four-year tuition scholarship.

Grant Procedure

The student must complete and submit a grant application and other required forms, on or before March 1 of each year. The Foundation's Scholarship Committee will review the applications and select from among them, if any, those to receive educational grants based on the students' achievements, aspirations and financial need.

Amount of Grant and Duration

The Scholarship Committee will determine the amount of each grant.

Reapplication of Grants

Students may reapply by March 1 providing updated information on their grades, financial situation, etc. No request for renewal of grants will be considered without an official transcript of grades from the college or university and the most recent IRS Form 1040 from the student's parent(s) or legal guardian(s). A student's ongoing financial need and academic performance will be key criteria. One or more members of the Committee may interview applicants and make recommendations to the Committee.

Payment of Grants

Payments of all grants will be made to the college or university which the applicant plans to attend, or in which the applicant is enrolled, and designated to be applied to the applicant's account for college-related expenses.

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 tax form 1040, FAFSA worksheet and most recent Florida 529 Savings Plan statement, if applicable. (Please black out SSNs).
- Official college transcripts.

Submittals

Please return the completed Grant Application and all documents requested **on or before March 01**, to the following:

Casey Slone
Christ Episcopal Church
400 San Juan Drive
Ponte Vedra Beach, FL 32082

Revised: December 2017

**CHRIST EPISCOPAL CHURCH CHARITABLE FOUNDATION
EDUCATIONAL GRANT**

(To be completed by a College/ University Applicant)

Date: _____

Name: _____ e-mail: _____

Address: _____

Home Phone: _____ Cell Phone: _____

College / University: _____

College email: _____

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

1. Describe your aspirations, goals, activities.
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. Explain why you need this grant to help with your college / university expenses?

B. Financial Considerations

1. Cost of Attendance 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>Amount</u>	<u>Applied for / 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)		

		Total _____

Signature: _____

**CHRIST EPISCOPAL CHURCH CHARITABLE
FOUNDATION EDUCATIONAL GRANT**

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

Name: _____ Phone: _____

Email: _____ Cell Phone: _____

Address: _____

Occupation: _____ Employer: _____

Name: _____ Phone: _____

Email: _____ Cell Phone: _____

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. (Please black out SSNs)

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