

2018

**CHRIST EPISCOPAL CHURCH
CHARITABLE FOUNDATION**

EDUCATIONAL GRANT APPLICATION

High School Applicants

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 SSN's).
- A copy of any email, letter or notice from Bright Futures, FAFSA and the college/university you plan to attend regarding financial aid, a monetary award, scholarship or grant.
- At least one recommendation by a high school teacher.
- School transcripts for the 11th and 12th grades up to the date of application, including SAT/ACT test scores.
- Evidence of acceptance as a full-time student at an accredited institution of higher learning.
- A form completed by the applicant's guidance counselor.
- A form completed by the applicant's clergy or spiritual advisor.

Submittals

- Please return the completed Grant Application and all documents requested to the applicant's Guidance Counselor.
- Applicant's Guidance Counselor must forward these materials, on or before March 01, to the following (or may be picked up by a member of the scholarship committee if needed):

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

**CHRIST EPISCOPAL CHURCH CHARITABLE
FOUNDATION EDUCATIONAL GRANT**

(To be completed by a High School Applicant)

Date: _____

Name: _____ email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ SSN: _____

College email (if known): _____

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. At what College/ University will you use this grant? _____

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>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 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 return. Application will **not** be considered without this document) If parents are divorced or separated both must provide a 1040. (Please black out SSNs)*

Applicant currently resides with (e.g. mother, father, both) _____

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.

Will the applicant be able to attend college without this grant? Yes _____ No _____

Please explain _____

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 Charitable Foundation.

Signature

Signature

Printed Name

Printed Name

Date

Date

**CHRIST EPISCOPAL CHURCH CHARITABLE
FOUNDATION EDUCATIONAL GRANT**

(To be filled out by applicant(s) guidance counselor)

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

The above applicant has applied for a grant 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:

1. Please list any scholastic honors or awards as well as any extra-curricular activities at the school.
2. As this is a need based scholarship, please give any insight into the applicants' financial ability to attend college.
3. 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
EDUCATIONAL GRANT**

(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 grant 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:

4. The applicant's spiritual outlook, activities, community involvement and relationships.
5. Any knowledge you may have about the applicant's need for financial assistance.
6. 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)