

be BOLD!

Christ Episcopal Church

Charitable Foundation

Scholarship Application and Guidelines

SCHOLARSHIP APPLICATION GUIDELINES

Purpose

The purpose of this scholarship is to enable a high school graduate to obtain a four-year degree from an accredited public institution of higher learning **within the State of Florida College and University System** when personal and family financial conditions would otherwise prevent them from doing so. It is a NEED BASED SCHOLARSHIP.

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. Scholarships do not cover room, board, travel, and miscellaneous expenses.

Student Qualifying Criteria

- Live in or be from the Beaches community or be an active member of Christ Episcopal Church.
- At least one year's residence in the state of Florida.
- Achieved excellence in their academics and contributed to their community and church.
- Students with a full Florida Pre-Paid scholarship will not be considered.
- Document financial need by submitting the following:
 - **Parent/Guardian Questionnaire**
 - **IRS Form 1040** (student and parent/guardian)
 - **FAFSA Student Aid Report**
 - **Documentation for any other applicable financial support (as applicable)**
 - Bright Futures notifications
 - Financial aid packages from university or college
 - Scholarships and/or grants
 - Most recent Florida 529 Savings Plan statement

Scholarship Application Process

- The student must complete and submit the Scholarship Application and other required forms and documents.
- As part of the review, selection, and recommendation process, the Foundation Scholarship Committee members may request student interviews.
- Students may expect a decision from the committee by the end of April.

Completed applications are due on or before March 1st.

Please submit the completed Scholarship Application and all requested documents and forms to:

*The Christ Episcopal Church Charitable Foundation
Attn: Casey Slone
400 San Juan Drive
Ponte Vedra Beach, FL 32082*

Student Contact and Information Requirement Checklist

(to be completed by current high school senior applicant)

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Planned College/University: _____

How did you hear about the Christ Episcopal Church Charitable Foundation Grant? _____

Application Submission Checklist

(To be completed by student. Please include all documents listed in order below.)

PART ONE: STUDENT ESSAY

Student Essay

PART TWO: STUDENT ACADEMICS, RECOGNITIONS, AND RECOMMENDATIONS

Evidence of Acceptance to Accredited College/University

Official 11th and 12th Grade Transcripts

SAT/ACT Scores

High School Teacher Recommendation

High School Guidance Counselor Form

Spiritual Advisor Form

PART THREE: COLLEGE UNIVERSITY COST AND SOURCES OF FUNDING

College/University Costs and Grant Request Table

Bright Futures Notifications

Financial Aid Package from College/University

Additional Scholarship/Grant Awards

PART FOUR: FAMILY FINANCIAL BACKGROUND

Parent/Guardian Financial Questionnaire

IRS Form 1040 (Parents and student, if applicable)

Florida 529 Savings Plan Statement (if applicable)

FAFSA (Free Application for Federal Student Aid)

MISC.

Copy of current driver's license or state ID

Please include any comments regarding omissions in application submission.

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Part 1: Student Essay

Please attach a typed essay responding to the following statements and question. Please limit your essay to two pages double or 1.5 spaced.

1. Describe your career aspirations and goals.
2. Tell us about the activities and connections you use to maintain & enhance your physical, mental and spiritual well-being.
3. What do you see as your community responsibilities and how to you meet them?

Part 2: Student Academics, Achievements, and Recommendations

Please attach the following:

- Copy of 11th and 12th grade transcripts, including your SAT/ACT scores
- College acceptance letter
- Recommendation by a high school teacher
- High School Guidance Counselor Form
- Spiritual Advisor Form

Please list your key accomplishments during this past academic year (i.e. internships, recognitions, etc.).

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Christ Episcopal Church Charitable Foundation
Scholarship Application

Guidance Counselor Form
(due by March 1st)

Date: _____

Name of Applicant: _____

Address of Applicant: _____

City: _____ **State:** _____ **Zip:** _____

The above applicant has applied for a scholarship to be awarded by the Christ Episcopal Church Charitable Foundation. We 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:

- List any scholastic honors or awards as well as any extracurricular activities at the school.
- Please provide any pertinent comments or reflections from your association with this student, including how long you have known the student.

Signature

Title

Printed Name

School

Telephone

Email

Date

Christ Episcopal Church Charitable Foundation
Scholarship Application

Clergy or Spiritual Advisor Form

(to be completed applicant's clergy or spiritual advisor – due March 1st)

Date: _____

Name of Applicant: _____

Address of Applicant: _____

City: _____ **State:** _____ **Zip:** _____

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

Please attach a typed response to the following areas:

- The applicant's spiritual outlook, activities, community involvement and relationships.
- Any knowledge/perspective you might have about the applicant's financial need.
- Any comments, reflections, and/or recommendations you might have pertinent to the applicant.

Signature

Title

Printed Name

Institution

Telephone

Email

Date

(PLEASE RETURN TO APPLICANT'S GUIDANCE COUNSELOR)

Part 3: College/University Costs and Sources of Funds Table

Complete financial information for academic year in which student is requesting scholarship. Please attach all documentation supporting amounts included below.

| COST | \$ ANNUAL | COMMENTS |
|----------------------|------------------|-----------------|
| Tuition and Fees | | |
| Room | | |
| Meals | | |
| Books & Supplies | | |
| Transportation | | |
| Miscellaneous | | |
| Total Cost \$ | | |

| SOURCES | | |
|-----------------------------------|--|--|
| Bright Futures | | |
| Pell Grant | | |
| Florida 529 Plan | | |
| Academic Grants / Scholarships | | |
| Athletic Grants / Scholarships | | |
| Other Grants / Scholarships | | |
| Federal Direct Subsidized Loans | | |
| Federal Direct Unsubsidized Loans | | |
| Family Contribution | | |
| Part time Jobs | | |
| Florida Pre-Paid Savings | | |
| Other sources | | |
| Total Sources \$ | | |
| | | |
| Net Annual Funding Gap \$ | | |

Part 4: Parent/Guardian Financial Questionnaire

(to be filled out by parent/s or legal guardian)

Contact and Employment Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Occupation: _____ Employer: _____

Years at Current Employer: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Occupation: _____ Employer: _____

Years at Current Employer: _____

Household Income

Anticipated Current Year Annual Gross Income \$ _____

Previous Year Annual Gross Income (Form 1040) \$ _____

Applications must include the most recent IRS 1040. Please black out SSNs.

Educational Expense Considerations

Other siblings in the family, excluding the applicant

How many children are currently attending college?

If other children are in college, how are these expenses funded (including ant 529b and pre-paid accounts)?

Have there been any college savings accounts established for any of your children, including the applicant? (i.e. 529b or Florida Pre-paid).

No Yes

If yes, attach most recent account statement.

Other Family Considerations

Please list any other considerations you feel are relevant to understanding the student's educational financial needs.

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

Printed Name

Date

Signature

Printed Name

Date