



EPISCOPAL CHURCH WOMEN
Episcopal Diocese of New York

CHRISTIAN SOCIAL CONCERNS COMMITTEE
APPLICATION FOR SCHOOL SCHOLARSHIP

Name of Applicant: _____ Date of Birth: _____

Contact E-mail: _____

Address: _____

_____ Telephone No. _____

Name of school presently attending: _____

Address: _____

Name of college/university where applicant has been accepted:

Address: _____

Attach Copy of Acceptance for Term Registered

Scholarship requested for: _____ Amount: _____

List other financial assistance sources: parish, employment, other scholarship requests, etc.:

List parish involvement over the years: _____

Name and telephone number of

Parish ECW President _____

District/Area: Chairwoman: _____

ENDORSEMENTS

Parish Christian Social Concerns Chairwoman:

(Signature) (Date)

AND/OR

District/Area Representative:

(Signature) (Date)

AND

Rector/ Priest in Charge or Senior Warden

(Signature) (Date)

APPLICATANT'S SIGNATURE: _____

Date: _____

ONLY THE OFFICAL APPLICATION WILL BE ACCEPTED

Please send the completed form to:

Mrs. Frederica Kellman-Lowe
2771 Bainbridge Avenue #6H
Bronx, NY 10458
foodspec56@hotmail.com

Date Received: _____