## Enid Belding Women's Scholarship Application

Deadline is March 1. Email completed forms to Priscilla Briones at pbriones@stmarks-sa.org.

PERSONAL DATA:		
Name:Address:	C'. /CT /7'	Age:
Mobile Phone:		
Please provide a summary of your involvement		ool:
Please submit a resume of your activities, wo application.	rk, and involvement in the	community with this
EDUCATIONAL DATA:		
High School Attended:		
Please submit an updated high school transcr	ript with this application.	
Please list the institution(s) of higher education status of your application (admitted, pending, e		ission. Please also indicate the
What is your intended field of study/major?		
Have you made a decision on where to attend?	Yes No	
If so, please list the institution		

## FINANCIAL DATA:

Please list the Expected Family Contribution (EFC) found on your FAFSA:
For the information below, please complete for the institution you have chosen to attend. If you have not yet made a final choice, please complete for your top 2 choices.
Name of Institution:  Please list the full cost of attendance (tuition, fees, housing, meals, etc.)
Please submit the financial aid award received (can be a printed copy from University portal, copy of mailed letter, email, etc.)
Additional Sources of College Funds: Please list any additional sources of funding expected to assist in paying for college (tuition exchange, non-university scholarships, etc.)
#2 Name of Institution:
Please submit the financial aid award received (can be a printed copy from University portal, copy of mailed letter, email, etc.)
Additional Sources of College Funds: Please list any additional sources of funding expected to assist in paying for college (tuition exchange, non-university scholarships, etc.)
FAMILY DATA: Father's Name: Address (if different):
Mother's Name:Address (if different):

## APPLICANT'S DECLARATION:

\_\_\_ resume

I have read and accept the conditions, rules, and regulations for this scholarship and agree that the decision of the Vestry is final. I certify that all the information in my application is accurate to the best of my knowledge. I consent to the review and release of this application to the Scholarship Committee and Vestry of St. Mark's Episcopal Church.		
Signature:	Date:	
CHECKLIST:		
Submit to to pbriones@stmarks-sa.org:		
completed application		
high school transcript		
institutional financial aid award		