

# Vera Gang Scott Scholarship Application Form

**Eligibility requirements** - the Applicant must be:

A female communicant in good standing of the Episcopal Church, Diocese of Texas

Accepted or enrolled in an academic institution of college rank

Pursuing professional certification or a degree from an accredited institution

Able to show real financial need

## Personal Information

_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security #
_____	_____	_____	_____
Permanent Street Address	City	State	Zip
_____	_____	_____	_____
Primary Phone	Secondary Phone	E-mail	
_____	_____	_____	
Age	Marital Status	Are you self-supporting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
Name of the college, university or institution you are attending / at which you have been accepted			
_____	_____	_____	_____
City	State	Zip	Phone
_____	_____	_____	_____
Rector Name	Church Address	Church Telephone #	Rector Email
_____	_____	_____	_____

## Application Requirements

Supply your most recent grade transcripts.

Provide proof of acceptance to or enrollment in an accredited college, university, business or professional school. If the above is not available, proof of application will be accepted.

Write an essay about yourself including your current situation, honors, achievements, interests, educational plans, goals and financial needs. Essays must be professional - résumé quality.

Complete in full the financial information form below. Estimate the amount of money you expect to earn or contribute toward the next academic year.

Deliver a copy of last year's Federal Tax Return (I.R.S. form 1040 or 1040a, pages 1 and 2)

You must provide a written recommendation by:

Your priest or his/her designee

An academic instructor or advisor who is familiar with your work and aspirations

All documents must be in a professional, résumé quality format. Hand written documents will not be reviewed.

**All applications must be RECEIVED by March 31, 2017 and should be emailed with electronic copies of all above supporting materials to EDOT.ECW.OUTREACH@gmail.com or mail to 9594 Doliver Dr., Houston, TX 77063. Late or incomplete applications will not be considered.**

Contact Leiselle Sadler with any questions at EDOT.ECW.OUTREACH@gmail.com or 713.898.2014.

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## Financial Information

Use "n/a" for any field that is not applicable. LEAVE NO FIELDS BLANK.

1. Date: \_\_\_\_\_

### 2. Person or persons who contribute to your support, if applicable

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Employed by: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Employed by: \_\_\_\_\_ Title: \_\_\_\_\_

### 3: Dependents claimed on Federal Income Tax Form. Continue on back if needed.

Name: \_\_\_\_\_ Name of Present School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Present School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Present School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Name of Present School: \_\_\_\_\_ Age: \_\_\_\_\_

### 4. Give current income, assets, and obligations of you or those supporting your education

#### Income

Salaries, wages, tips: \_\_\_\_\_

Parents/Spouse

Self

Dividends and Interest: \_\_\_\_\_

Other Income: \_\_\_\_\_ Explain: \_\_\_\_\_

Other Income: \_\_\_\_\_ Explain: \_\_\_\_\_

#### Assets

Cash and securities: \_\_\_\_\_

Investments: \_\_\_\_\_

Real Estate: \_\_\_\_\_

Other: \_\_\_\_\_ Explain: \_\_\_\_\_

Other: \_\_\_\_\_ Explain: \_\_\_\_\_

#### Liabilities and Payments

Monthly mortgage payment or rent: \_\_\_\_\_

Other Debt: \_\_\_\_\_ Explain: \_\_\_\_\_

Other Debt: \_\_\_\_\_ Explain: \_\_\_\_\_