

**Grace Episcopal Church**  
Endowment Trust

**Scholarship Application**  
**For School Year**  
**2023-2024**

Name \_\_\_\_\_

**PLEASE REQUEST YOUR HIGH SCHOOL OR COLLEGE TO SUBMIT AN  
OFFICIAL TRANSCRIPT TO:**

**GRACE EPISCOPAL CHURCH ENDOWMENT TRUSTEES  
419 S. MAIN STREET  
LEXINGTON, NC 27292-3234**

**THIS MUST BE RECEIVED BY THE END-OF-DAY MARCH 1, 2023.**

Applications accepted for students enrolled or enrolling in  
an accredited program at an accredited institution –  
as a full-time student (12 credit hours of classes per semester) or  
(6 credit hours per semester with a 30-hour work week schedule).

# GRACE EPISCOPAL CHURCH ENDOWMENT SCHOLARSHIP APPLICATION

*please complete this form in your own handwriting*

\*NAME \_\_\_\_\_  
Last First Middle

\*HOME ADDRESS \_\_\_\_\_

\*TELEPHONE NUMBER(S) \_\_\_\_\_

\*EMAIL ADDRESS \_\_\_\_\_  
Student Parent

**\*SCHOOL PRESENTLY ATTENDING:**

College \_\_\_\_\_ YEAR or

High School \_\_\_\_\_ YEAR

If not already attending college, applications have been submitted to:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\*GRACE CHURCH AFFILIATION, IF ANY \_\_\_\_\_ \*

\*If no affiliation to Grace Church, how did you hear about this scholarship? \_\_\_\_\_

\*If not a member of Grace Church, what is your religious faith/affiliation? \_\_\_\_\_

*Feel free to use additional paper if the spaces provided are inadequate*

**\*I. FINANCIAL AID**

Scholarships: \_\_\_\_\_

Grants: \_\_\_\_\_

Loans: \_\_\_\_\_

Total Financial Aid Received: \$ \_\_\_\_\_

\*A) Will you be doing any kind of work-study during the school year? Yes\_\_\_ No\_\_\_

\*B) Will you be working part-time during the school year? Yes\_\_\_ No\_\_\_

\*C) Number of siblings and ages: \_\_\_\_\_

If siblings attend college – where, what classification? (ex: Fresh, Soph, Jr., Sr.)

\*D) Estimated student expenses for the school year 2023-2024

1. Tuition \$ \_\_\_\_\_

2. Room and Board \$ \_\_\_\_\_

3. Books \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\*E) Amount of Scholarship Funds you are requesting: \$ \_\_\_\_\_

**\*ALL QUESTIONS WITH ASTERISKS (\*) MUST BE COMPLETED, OR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED FOR CONSIDERATION.**

**II. ACADEMIC ACHIEVEMENT**

 **Please request your High School or College to submit an official transcript to Grace Episcopal Church Endowment Trustees. This must be received by the end-of-day March 1, 2023.** 

Academic honors received including Honoraries and Recognition Societies  
(Explain those which are local or not well known)

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**III. COMMUNITY/CAMPUS SERVICE, LEADERSHIP**

(List as many activities as possible, but make a distinction between major long-term leadership roles and temporary/special event activities; explain or identify)

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**IV. WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS?  
HOW DO YOU PLAN TO ACHIEVE THESE GOALS?**

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**V. OBSTACLES**

What difficulties are you confronting in financing your education, and what have you done to adjust to these concerns?

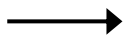
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## VI. ACADEMIC LETTER OF RECOMMENDATION

With your completed application, please provide at least one letter of recommendation, in a sealed envelope, from a teacher, instructor, or other school personnel who is not related to you.



**Letters of Recommendation must be provided for each year an application is submitted and must be received by the application due date (March 1, 2023).**

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Signature of Applicant

**RETURN COMPLETED APPLICATION, TRANSCRIPTS, AND LETTERS OF RECOMMENDATION BY MARCH 1, 2023, TO:**

Grace Episcopal Church Endowment Trustees  
419 S. Main Street  
Lexington, NC 27292-3234

**If this application, requested transcripts, and letter of recommendation are not received by the end-of-day March 1, 2023, your application will not be considered for approval.**

**Notification of awards will be made by April 1, 2023.**

# Grace Episcopal Church

Endowment Trust

## Scholarship Application Parent/Guardian Income Information Form For School Year 2023-2024

**PLEASE SUBMIT THIS FORM TO:**

**GRACE EPISCOPAL CHURCH ENDOWMENT TRUSTEES  
419 S. MAIN STREET  
LEXINGTON, NC 27292-3234**

**THIS MUST BE RECEIVED BY THE END-OF-DAY MARCH 1, 2023.**

Applicant's Name \_\_\_\_\_

### I. FINANCIAL NEED:

#### Parent/Guardian Income Information

A) Income: Parents/Your Adjusted Gross Income from 2021 Tax Return  
(or 2022 if available):  
(Line 11 from IRS Form 1040, or Line 11 from IRS Form 1040-SR) \$ \_\_\_\_\_

Non-Taxable Income (example: child support, Social Security benefits,  
IRA Contributions, etc.) \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

Parents/Guardians, this form may be included with your child's scholarship application or may be returned separately by you. **Please be aware that it is also due by the cut-off date or the application will not be considered.**

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Parent Email Address \_\_\_\_\_