

ST. MARK'S EPISCOPAL SCHOLARSHIP APPLICATION

Due June 30

Full Name of Applicant

Address

Apt. #

City

State

Zip

Phone Number (with area code)

/ Social Security Number (Required by the school)

Mother's Full Name

Work Phone

Employer

Occupation

Father's Full Name

Work Phone

Employer

Occupation

Siblings (Names and Ages)

Church you attend

Phone #

Length of membership

Church activities (list any offices held)

Proposed occupation after graduation

Name and address of university or college you have applied to or have been accepted to

*Please attach a copy of your high school transcript.
A recent photograph may be attached, but is not required.*