THE BROTHERHOOD OF ST. ANDREW SCHOLARSHIP 2019 APPLICATION FORM

NAME:				
ADDRESS:				
CITY:		STATE	ZIP <u>:</u>	
PHONE:	E	MAIL:		
HIGH SCHO	OL:	CITY/STATE:		
GUARDIAN(S) NAME(S):			
		ERVICE, ETC.) USE BAC	K OF PAGE IF NEEDED.	
	HAVE YOU BEEN A MEMBI	ER OF A CHURCH IN TH	E EPISCOPAL DIOCESE OF ED?	
HOW LONG if needed.)			CHURCH? (Use back of this pag	ge
	VOLVEMENT:	IAN YOUR GUARDIAN(S)	WHO CAN ATTEST TO YOUR	
COLLEGE YOU			JOR:	
	olication to your priest or			
Remember to	include:			
TranscripA Copy ofA Fifteen- your churce		of of Enrollment from the one to the following question at inspired you to serve?	college you plan to attend. ns: What experiences have you dow are you serving God right no	
	:			ć.
By signing be	elow, I promise that everyth	ing I've said on this form	n and in my responses, is true) .
Ap	olicant Signature			