

Vera Gang Scott Scholarship Application Form

Eligibility requirements - the Applicant must be:

1. A female communicant in good standing of the Episcopal Church, Diocese of Texas
2. Accepted or enrolled in an academic institution of college rank
3. Pursuing professional certification or a degree from an accredited institution
4. Able to show real financial need

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, honor, achievements, interests, educational plans, goals and financial needs. Essays must be professional, resume 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 (IRS 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, resume quality format. Hand written documents will not be reviewed.

All applications must be RECEIVED BY March 31 of the year applying for and electronic copies of all supporting materials to EDOT.ECW.OUTREACH@gmail.com

PERSONAL INFORMATION

Last Name First Name Middle Name SSN

Permanent Street Address City State Zip

Primary Phone Secondary Phone E-mail Address

Age Marital Status Are you self-supporting? Yes No

Name of the college, university or institution you are attending / at which you have been accepted

City State Zip Phone

Rector/Priest Name Church Address Church Telephone# Rector/Priest Email

Financial Information

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

Date: _____

Person or persons who contribute to your support, if applicable

Name: _____ Relationship: _____ Age: _____

Employed by: _____ Title _____

Name: _____ Relationship: _____ Age: _____

Employed by: _____ Title _____

Dependents claimed on Federal Income Tax Form. Add to the bottom if needed.

Name: _____ Name of Present School: _____ Age _____

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

Income Parents/Spouse Self

Salaries, wages, tips: _____

Dividends and interest: _____

Other Income: _____ Explain: _____

Other Income: _____ Explain: _____

Assets Parents/Spouse Self

Cash and Securities: _____

Investments : _____

Real Estate: _____

Other: _____ Explain: _____

Other: _____ Explain: _____

Liabilities and Payments

Monthly mortgage payment or rent: _____

Other Debt: _____ Explain: _____

Other Debt: _____ Explain: _____