

No Application Postmarked Later Than
May 31st
Will Be Considered

Guidelines Governing College Scholarships and Financial Assistance

Please read the following requirements and make certain you understand these guidelines when completing this application. If these guidelines are not met, the Board of the EYCS will not consider your application for financial assistance. Please note that funds are not available for graduate school, and are awarded based on family need.

1. All applicants must be an Episcopalian, 22 years of age or under, and legal residents of and members in good standing within the Episcopal Diocese of Georgia.
2. Completed application must be submitted and postmarked by May 31st for the following academic year.
3. Education scholarships are approved for one school year only. Applicants may reapply in successive years (for a maximum of 4 years), but each application must be received by May 31st to be considered for renewal for the next academic year.
4. Applicant must be, or intend to become, a full-time undergraduate student taking and passing at least 12 credit hours per grading period. Copies of grades must be sent to the above address at the end of each grading period for which assistance is given. If grades not available for inclusion by the application deadline of May 31st, they must be submitted before funds are awarded.
5. Payments for educational assistance will be made directly to the applicant in two installments: August and December.

PLEASE FULLY COMPLETE APPLICATION FORM AND SUBMIT BY MAY 31st TO:

EYCS Education Scholarship
611 E. Bay Street
Savannah, GA 31401-1296

Education Scholarship Application

Please fill out form completely and return postmarked no later than May 31st

Application for Academic Year 20_____ to 20_____ Date of Application_____

Applicant's Name _____

Mailing Address (College) _____

Mailing Address (Home/Summer) _____

Home Phone _____ E-mail Address _____

Home Parish/Mission _____

Home Parish/Mission Address _____

Year Scholarship Requested For: Freshman Sophomore Junior Senior

Year Graduated (Or Will Graduate) From High School _____
(Enclose transcript though last grading period attended)

College You Wish To Attend _____

Why This College? _____

What Major Do You Plan To Pursue? _____

Mother's Name _____ Employed By _____

Address (if different from student's)

Phone # (Day) _____ Phone # (Eve) _____ Email _____

Father's Name _____ Employed By _____

Address (if different from student's)

Phone # (Day) _____ Phone # (Eve) _____ Email _____

Episcopal Youth & Children's Services
611 East Bay Street, Savannah, GA 31401-1296

Family (List dependent siblings and their ages and whether attending school or college)

List Three References (names, addresses, and phone numbers)

1. _____
2. _____
3. _____

Applicant's Personal Comments (All information remains strictly confidential)

Applicant's Signature

- Grades enclosed
- Will mail grades by: _____ (give date)

College Finance Worksheet

Total Resources	Amount	Total Expenses	Amount
Scholarships applied for		Annual Tuition	\$
(List sources, including HOPE)		Fees, annualized	\$
1.	\$	Room (while at college)	\$
2.	\$	Board (while at college)	\$
3.	\$	Books & Supplies	\$
4.	\$	Other school related costs	(Please list)
Parent's contribution	\$	1.	\$
Student's earnings	\$	2.	\$
Social Security Benefit	\$	3.	\$
Loans	\$	4.	\$
Other sources	(Please list)		
1.	\$		
2.	\$		
3.	\$		
TOTAL RESOURCES	\$	TOTAL EXPENSES	\$
Amount requested from EYCS	\$	(Please list specific scholarship amount requested)	

Have you applied to the College Scholarship Service? Yes No *If yes, please attach evaluation*

List other sources of assistance investigated _____

Applicant must include a copy of the current year's 1040 from the person/persons financially responsible for the student. Unforeseen financial circumstances encountered during the past year should be reported. Attach this to the application, if needed. (All information remains strictly confidential).

Attached is a copy of (check all that apply)

Father's 1040 Mother's 1040 Joint Parental 1040 Student's 1040

Parent's/Guardian's Signature

Date

Recommendation Form
To be filled out by Parish/Mission Priest
(All information remains strictly confidential)

Before completing this recommendation, please make sure that the applicant is:

1. A full-time resident within the Episcopal Diocese of Georgia
2. An Episcopalian, 22 years old or younger, and a member in good standing of your parish or mission
3. Applying for a scholarship to help with their undergraduate studies. The EYCS does not award scholarships for graduate school.
4. A full-time student carrying and passing a course load of 12 hours or more

If the applicant does not meet the above criteria, the application will not be considered, and therefore should not be submitted.

If the applicant does meet the above criteria, please describe in detail how you know the applicant, how they've been involved in your parish or mission, and how, in your opinion, the EYCS scholarship will help.

Priest's Signature _____ Priest's Name (Please print) _____ Date _____

Parish/Mission _____ City _____

Parish/Mission Mailing Address _____

Parish/Mission Phone _____ Priest's Email _____