

**THE EPISCOPAL CHURCH OF BETHESDA-BY-THE-SEA
BETHESDA MEMORIAL SCHOLARSHIP**

SCHOLARSHIP GRANT APPLICATION

- **TRANSCRIPT AND APPLICATION DEADLINE IS APRIL 1, 2016●**
- **INCOME TAX RETURN MUST BE POSTMARKED BY APRIL 15, 2016●**
- **INTERVIEWS WILL BE HELD ON WEDNESDAY, APRIL 20, 2016●**

COMPLETE NAME [LAST, FIRST MIDDLE]		PREFERRED NAME OR NICKNAME	
HOME ADDRESS [STREET, CITY, STATE, ZIP]		HOME TELEPHONE	
HIGH SCHOOL [NAME, CITY, PHONE#]			GUIDANCE COUNSELOR
ACT	CLASS RANK	GPA	
SAT VERBAL	SAT MATH	SAT WRITING	
YOUR EMAIL ADDRESS			
EXTRA-CURRICULAR ACTIVITIES			
EMPLOYMENT SINCE NINTH GRADE [CURRENT OR MOST RECENT JOB]		EMPLOYMENT DATES [MM/YY TO MM/YY]	
EMPLOYMENT SINCE NINTH GRADE [SECOND MOST RECENT PREVIOUS JOB]		EMPLOYMENT DATES [MM/YY TO MM/YY]	
EMPLOYMENT SINCE NINTH GRADE [THIRD MOST RECENT PREVIOUS JOB]		EMPLOYMENT DATES [MM/YY TO MM/YY]	
COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND [INCLUDE CITY, STATE, PHONE#]			
ESTIMATED ANNUAL COST OF TUITION		EXPLAIN YOUR PLANS TO PAY FOR COLLEGE PLEASE BE SPECIFIC AND REALISTIC	
ESTIMATED ANNUAL COST OF ROOM/BOARD/FOOD			
ESTIMATED ANNUAL COST OF TRAVEL			
ESTIMATED ANNUAL MISCELLANEOUS COSTS			
TOTAL ESTIMATED ANNUAL COST			

ABOUT YOUR FAMILY

**REGARDLESS OF YOUR PARENTS' MARITAL STATUS, WE NEED
INFORMATION ON BOTH PARENTS OR GUARDIANS**

PARENTS OR GUARDIANS ARE:	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		
IF PARENTS ARE DIVORCED, WHICH PARENT CLAIMS YOU AS A DEPENDENT ON THEIR TAX RETURN	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER		
FATHER'S NAME <small>[LAST, FIRST MIDDLE]</small>			
FATHER'S ADDRESS <small>[STREET, CITY, STATE, ZIP]</small>			HOME TELEPHONE
FATHER'S OCCUPATION	FATHER'S EMPLOYER		
EMPLOYER'S ADDRESS & PHONE NUMBER			HOW LONG AT THIS JOB?
VETERAN?	DISABLED?		
PLEASE EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT YOUR FATHER			
MOTHER'S NAME <small>[LAST, FIRST MIDDLE]</small>			
MOTHER'S ADDRESS <small>[STREET, CITY, STATE, ZIP]</small>			HOME TELEPHONE
MOTHER'S OCCUPATION	MOTHER'S EMPLOYER		
EMPLOYER'S ADDRESS & PHONE NUMBER			HOW LONG AT THIS JOB?
VETERAN?	DISABLED?		
PLEASE EXPLAIN ANY SPECIAL CIRCUMSTANCES ABOUT YOUR MOTHER			
SIBLING <small>[INCLUDE AGE]</small>		GRADE/SCHOOL	
SIBLING <small>[INCLUDE AGE]</small>		GRADE/SCHOOL	
SIBLING <small>[INCLUDE AGE]</small>		GRADE/SCHOOL	
SIBLING <small>[INCLUDE AGE]</small>		GRADE/SCHOOL	

APPLICATION MUST INCLUDE THE FOLLOWING
 Application
 Official Transcript
 Income Tax Return (2015)
 If not a U.S. citizen, proof of legal residency

MAIL APPLICATION TO
 Scholarship Committee
 Bethesda-by-the-Sea
 141 South County Road
 Palm Beach, FL 33480

 APPLICANT'S SIGNATURE

 HIGH SCHOOL OFFICIAL'S SIGNATURE

 TODAY'S DATE

 PLEASE PRINT NAME

 HIGH SCHOOL OFFICIAL'S E-MAIL ADDRESS