



EPISCOPAL CHURCH OF NH

SCHOLARSHIPS – CLERGY CHILDREN

PERSONAL INFORMATION

Student Name _____
first middle initial last

Home Mailing Address _____

_____ city state zip code county

(____) _____ (____) _____
cell phone home phone

_____ email address

Birth Date ____ / ____ / ____

School for which aid is requested _____ school name, state _____ / _____ expected graduation

CHECK ONE IN EACH CATEGORY

Type of Degree 4yr college/university 2yr college voc/tech school/certificate program

This will be my 1st year 2nd year 3rd year 4th year

I will be enrolled full-time half-time or more (6+ credits) less than half-time

I will live on campus off campus commuting from home

Field of Study _____

CERTIFICATION

I certify that the information on this form is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential, for review by the Trustees of the Episcopal Diocese of New Hampshire and members of the Scholarship Advisory Committee. I also agree that my name can be used in announcements made by the Diocese regarding any award I may be given.

Student Signature & Date

SPECIAL CIRCUMSTANCES

Please tell us about any special family or financial circumstances that we should know about:

FUTURE PLANS

Please tell us about your future plans – What are your career goals? Why have you chosen this field? What job are you hoping to get when you finish your education?

SCHOOL AND/OR COMMUNITY ACTIVITIES

List community and school activities in which you have participated. Include church activities, sports, student government, clubs, volunteer projects, etc.

Activity	How Long?	Special Honors
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>

PAID WORK EXPERIENCE

Employer	How Long?	Position Held
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>
<hr/>	<hr/> / <hr/> to <hr/> / <hr/>	<hr/>

COST OF EDUCATION

Please fill in the following information to the best of your ability

PROGRAM COSTS

A. Tuition \$ _____

B. Room & Board \$ _____

C. Other Direct Costs such as books or
equipment) \$ _____

TOTAL COST (A + B + C) \$ _____

RESOURCES

C. What you (& your family) can pay \$ _____

D. Federal aid for education you may receive

D.1 Pell Grant \$ _____

D.2 Stafford Loans or Perkins Loans \$ _____

D.3 College work study \$ _____

E. Employer reimbursement \$ _____

F. Veterans Benefits \$ _____

G. NH Voc-Rehab \$ _____

H. NHCF \$ _____

I. Other private aid or loans \$ _____

TOTAL RESOURCES \$ _____
(C+D+E+F+G+H+I)

AID GAP (Total Cost – Total Resources) \$ _____

AMOUNT YOU ARE REQUESTING \$ _____

Applications are due May 13, 2022, for the 2022-23 academic year. This fillable pdf can be completed and then sent to
Chief Financial Officer Bengé Ambrogi at bambrogi@nhepiscopal.org
or by mail at Episcopal Church of New Hampshire, 63 Green Street, Concord, NH 03301.