

# Holy Trinity Greek Orthodox Church Evangeline Scholarship Application Instructions

**Deadline: 5/27/18**  
**(late applications will not be accepted)**

## **Eligibility Criteria:**

1. Applicant's Parents/Legal Guardians must be a member in good standing of Holy Trinity Greek Orthodox Church in Bridgeport, CT as defined by the bylaws of the Church
2. Applicant's family must be a member in good standing for the current year and a minimum of two years prior and must maintain stated stewardship for the duration of the scholarship distribution.
3. Applicant must be a high school senior expecting to graduate in the year of application and be accepted into an accredited college or university.
4. Applicant must be enrolled in an accredited college or university for the duration of the scholarship distribution.

## **Application Checklist:**

1. Completed and signed application form
2. Official high school transcript (or GED certificate)
3. Copy of college or university acceptance letter
4. One current letter of recommendation from one of the applicant's teachers
5. One current letter of recommendation from Parish or community source (i.e. employer, priest or another person who knows your vocational goals and can comment on your personal strengths or accomplishments)
6. A 500+ word essay in English (typed) about your educational goals and how the Greek Orthodox Church and/or community has influenced your life.
7. A small, wallet-sized recent photo of applicant with name on the back
8. Copies of any other documents, commendation letters or certificates that denote your accomplishments or memberships may be included (optional)

## **Additional Information:**

The application must be signed and dated by the applicant. All elements shall be included in one mailing envelope with the exception of your official school transcript which should be sent directly from your school administration. All materials should be mailed to the ESF Scholarship Committee P.O. Box 766, Fairfield, CT 06824. **APPLICATIONS AND ALL OTHER MATERIALS PERTAINING TO YOUR APPLICATION MUST BE MAILED TO THIS ADDRESS. PLEASE DO NOT MAIL OR SEND ANYTHING TO THE CHURCH OFFICE! This is to avoid applications becoming mixed up with the other scholarship applications.**

We urge you to make certain that your application is complete. We recommend that the applicant have a parent or counselor review the application for completeness before submission. The application and its contents become the property of the ESF Scholarship Committee and cannot be returned. We suggest you copy the application for your own records.

In accordance with Federal Tax Law and Internal Revenue Code, this scholarship must be used strictly for college/university tuition and/or books.

All contents of this application are confidential. The ESF Scholarship Committee's decisions are final and not all applicants are guaranteed to receive a scholarship.

\*\*\* Deadline: May 27, 2018 \*\*\*

# Holy Trinity Greek Orthodox Church Evangeline Scholarship Fund Application

\*\* Deadline: May 27, 2017 \*\*

## Applicant Data

Last Name:	First Name:
Mailing Address	
Street:	
City:	State:
Zip:	
Daytime Telephone Number: (    )	
Email:	
Date of Birth (mm/dd/yy):	

## Parent or Guardian and Family Information

Parent or Legal Guardian's Names:		
Dates Stewardship with Holy Trinity Greek Orthodox Church (Bridgeport): (If Legal Guardian, provide copy of legal documentation of guardianship)		
Other Siblings:	Ages:	Current College Student (Y/N)

## High School Data

School Name:	School Address:
High School Graduation Date (mm/yy):	

## Post-Secondary School Data

College or University attending this Fall
Anticipated major

## Holy Trinity Greek Orthodox Church (Bridgeport) Data

Sunday School Graduation date: (or documentation from school/church official regarding years of attendance)		
Greek School Attended:	Yes      No	Number of years:

## List all Holy Trinity (Bridgeport) activities you participated in

(i.e. Parish Greek School, G.O.YA., Altar Server, Sunday School Aide, Athletics etc.) Use additional pages if needed.

Activity	# of Years Participated	Special Awards/Honors	Offices Held

**List all school activities you participated in during the past 4 years**

(i.e. student government, music, sports, etc.) Use additional pages if needed.

Activity	# of Years Participated	Special Awards/Honors	Offices Held

**List all community activities you participated in without pay during the past 4 years**

(i.e. Boy Scouts, Girl Scouts, hospital volunteer, etc.) Use additional pages if needed.

Activity	# of Years Participated	Special Awards/Honors	Offices Held

**List any Scholastic honors and/or awards received.** Use additional pages if needed.

Awards	Honors

**Work Experience.** Use additional pages if needed.

Employer/Position	From (Month/Year)	To (Month/Year)	Hours/Week

**Unusual Circumstances** (Use additional pages if needed.)

Please describe how and when any unusual family or personal circumstances affected your achievement in school, work experience, or your participation in school and community activities.

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**Financial Consideration**

If the applicant wants the ESF Scholarship committee to consider financial need, include FAFSA form with the Estimated Family Contribution with submission of this application.

FAFSA \_\_\_\_\_ included \_\_\_\_\_ not included

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date