Holy Trinity Greek Orthodox Church Evangeline Scholarship Application Instructions

Deadline: 5/19/19 (late applications will not be accepted)

Eligibility Criteria:

- 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.

Holy Trinity Greek Orthodox Church Evangeline Scholarship Fund Application ** Deadline: May 19, 2019 **

Applicant Data				
Last Name:			First Name:	
Mailing Address				
Street:	0	4-4		7:
City:		tate:		Zip:
Daytime Telephone Number	er: ()			
Email:				
Date of Birth (mm/dd/yy):				
Parent or Guardian and	Family Inform	ation		
Parent or Legal Guardian's				
Dates Stewardship with Ho				geport):
(If Legal Guardian, provide copy of legal documentation of countries o			• •	Current College Student (V/N)
Other Sibi	ings:		Ages:	Current College Student (Y/N)
High School Data				
School Name:		School Address:		
High Oak and Ogade attack	4- (
High School Graduation Da	ite (mm/yy):			
Post-Secondary School	Data			
College or University attended				
Anticipated major				
7 tittolpated major				
Holy Trinity Greek Orthodo	ox Church (Brid	lgeport)) Data	
Sunday School Graduation	date:			
(or documentation from school/church official regarding years of attendance)				
Greek School Attended:	Yes	No	o Nur	mber of years:
List all Holy Trinity (Bridge	nort) activities	vou na	rticinated in	
(i.e. Parish Greek School, G.O.YA.	, Altar Server, Sund	day Schoo	ol Aide, Athletics etc	c.) Use additional pages if needed.
	# of Years		Special	
Activity	Participated	A	wards/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. # of Years Special Awards/Honors Activity Participated 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. # of Years Special Awards/Honors Activity Participated 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 Hours/Week From (Month/Year) To (Month/Year) 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. **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