

Church Training and Deaconess House Scholarship Fund

The Episcopal Diocese of Pennsylvania
23 E. Airy Street, Norristown, PA 19401

Scholarship Applicant Information

- Funds are available to women seeking to be ordained to the ministry or for a post-baccalaureate degree program which would further her lay ministry
- Scholarships are awarded on a competitive basis
- Consideration is given to excellence of academic record, quality of the essay and financial need
- Preference is given to residents of the Diocese of Pennsylvania
- The Committee prefers to give a limited number of grants in the \$2000-\$6000 range rather than numerous smaller grants
- Grants are for one academic year, but may be renewable for two additional years
- Grants are paid semi-annually, directly to the Seminary or post-graduate institution
- All sections of the application must be completed, and all accompanying material must be received by the Scholarship Committee prior to the application deadline in order for the application to be considered.

Please address all questions and mail your application to the Scholarship Committee at the above address or email it to the Chair of the Scholarship Committee, The Rev. Barbara Abbott, barbarawabbott@gmail.com.

Church Training and Deaconess House Scholarship Application

Application For the academic year 20__-20__.

March 15th Deadline

New applicant _____ Renewal 1st____ 2nd____ Please print legibly

Name _____
Last first middle

Date of Birth _____

Permanent Address:

_____ street city state zip code

Phone # _____ Email _____

Current Address:

_____ Street city state zip code

Mobile # _____ Phone # _____

Parish Membership _____ Diocese _____
name of parish

Preferred Mailing Address: () permanent () current email _____

Education

College or University (list most recent first) Degree Date Rec'd/Expected

1) _____

2) _____

3) _____

Occupation (list most recent first)

Employer Position Dates

1) _____

2) _____

3) _____

I have been accepted at the following institution(s) for the academic year 20__ - 20__. Please indicate program admitted to & anticipated year of graduation.

Name of Institution Degree Program Graduation Date

1) _____

2) _____

3) _____

Recommendations-required of new applicants only

Three are required from individuals from the professional categories indicated.
All recommendations should be sent directly, by these people, to the Scholarship Committee

The Bishop of your home diocese

Name _____ email address _____

The Rector of your home parish:

Name _____ email address _____

Most recent employer (or faculty member if you are currently a student)

Name _____ email address _____

Financial Information -required of all applicants

Estimated expenses for one academic year

Tuition \$ _____

Room and Board \$ _____

Health Insurance \$ _____

Loan Payments \$ _____

Books & Supplies \$ _____

Other-please itemize \$ _____

Total of expenses \$ _____

Amount that you expect to be able to cover with your personal and family income/savings \$ _____

Amount you are requesting from us \$ _____

Other sources of financial aid for which you have applied (or that you are currently receiving)

1) _____ \$ amount _____

2) _____ \$ amount _____

3) _____ \$ amount _____

Essay- new applicants only

Please type. Using no more than one 8 ½ X 11 sheet of paper (approximately 250 words), explain how you expect to use this post-baccalaureate educational training to advance your ordained or lay ministry within the Episcopal Church of the Church at large.

Documentation Check List

New Applicants: Completed application_____

Official transcripts from undergraduate and all post-baccalaureate programs_____

A copy of the letter of acceptance from the post-baccalaureate programs to which you have been admitted_____

3 recommendations_____

Renewal applicants: Completed Application_____

Transcript from your most recently completed academic year_____

All transcripts must be sent directly from the academic institution

All material must be received by the Scholarship Committee prior to the March 15th deadline

Signature_____ Date_____