THE BROTHERHOOD OF ST. ANDREW SCHOLARSHIP 2021 APPLICATION

Name:			
Address:			
			Zip Code:
Phone:	E-Mail:		
High School:		City:	State:
Guardian (s) Names:			
Give examples of how y etc.) [Use back, is neces		l at your school and in yo	ur community (athletics, clubs, service,
How long have you bee	n a member of a Churc	ch in the Episcopal Dioces	e of Texas?
Where and when were y	ou baptized?		
How long have you bee	n involved in the life o	f your Church? [Use back	, is necessary.]
Name two parishioners	[other than your guard	ian(s)] who can attest to y	our Church involvement:
You plan to attend:			Major:
Give your application to Remember to include:	o your priest or the pers	INSTRUCTIONS son in charge by April 1, 2	2021.

- 1. A completed scholarship form.
 - A completed scholarship form.
 Transcript from your High School.
- 3. A copy of the Acceptance Letter or Proof of Enrollment from the College you plan to attend.
- 4. A fifteen-hundred word or less response to the following questions:
 - a. What experiences have you had at your Church and/or community that inspire you to serve?
 - b. How are you serving God right now?
 - c. Why do you think your goals qualify you for this scholarship?

By signing below, I promise that everything I have said on this form and in my responses, is true.