



## THE EPISCOPAL CHURCH OF THE HOLY CROSS MEMORIAL SCHOLARSHIPS

in memory of  
Irene Buzek, Agnes D. Bacon, Frances P. Bacon,  
Dorothy H. Ince, Charles McGavern, Ferdinande P. McGavern,  
The Rev. George F. Taylor and Portia Farwell

### **Application Instructions**

The Episcopal Church of the Holy Cross makes available each year, scholarships for accredited college and graduate school study. Application forms are available from high school guidance counselors or from the office of the Episcopal Church of the Holy Cross. **The deadline for the completed process is as described below.**

Please include in your application:

- A completed application form
- An essay describing your involvement in church or community service
- Three completed references, sealed and signed across the seal
- A copy of your most recent official high school or college transcript
- A photo (head shot) of yourself and a signed photo release (part of the application form) so that we can use the photo in publicity.

**The application MUST be complete or it will not be considered. Incomplete applications (e.g., items left blank, missing references, high school transcript, and/or cover letter) or late applications (postmarked later than February 28, or, if hand delivered, received after 12 Noon on March 1) may disqualify the applicant in the absolute discretion of the committee.**

Your commitment to your community and to your church (which may include participation in a youth group, being an acolyte, being in the choir, church outreach and regular Sunday School and worship, etc.) will be of prime consideration in the grading process. In addition, your academic performance will be considered.

Scholarships are awarded only upon receiving notification from you, of your acceptance by an accredited college or university. Payment will be sent by Holy Cross Episcopal Church directly to the school.

If you should fail to complete, or discontinue in any way, the school year for which you have received a Holy Cross Scholarship, you agree to return a pro-rated portion of your scholarship to Holy Cross and inform your school's financial officer to return the funds on your behalf.



**The Episcopal Church of the Holy Cross  
Memorial Scholarship Application**

**All Forms must be returned by mail postmarked no later than February  
28, or hand delivered by March 1 at 12 Noon**

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SCHOOL YOU HAVE ATTENDED:** (Name, City, State)

High School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College/Graduate School \_\_\_\_\_

\_\_\_\_\_

**CHURCH INVOLVEMENT** Name and address of the church you attend regularly

\_\_\_\_\_

\_\_\_\_\_

Youth Group, Sunday School, Church Outreach programs, etc.in which you participate:

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**SCHOOL/COMMUNITY VOLUNTEER INVOLVEMENT** (4-H, Boy/Girl Scouts, Hospice, Thermal Belt Outreach, Extra-Curricular club projects

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**CAREER GOALS AND WHY YOU HAVE CHOSEN THEM**

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**ATTACH A COPY OF YOUR MOST RECENT TRANSCRIPT**

College(s)/Graduate School(s) to which you have applied: \_\_\_\_\_

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Colleges where you have been accepted:

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**OTHER ACTIVITIES** (part-time jobs, sports, hobbies)

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**PARTTIME EMPLOYMENT** Include average number of hours of work per week during the academic year and/or summer

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**FINANCIAL INFORMATION**

Annual tuition cost of the college or university you plan to attend \$ \_\_\_\_\_

Information regarding your financial status that you would like this Scholarship Committee to know:

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**REFERENCES**

Please list the name and connection to yourself for each of your three (3) references.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please give the enclosed reference forms to three people who can supply character references to us. One (1) of these should be from an adult church leader involved in your church activities.

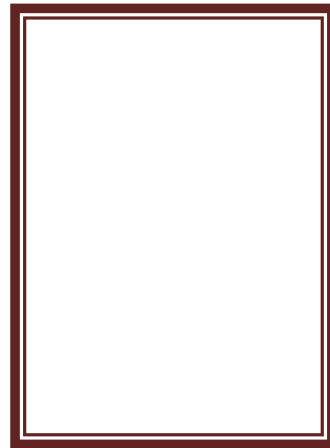
**The three references should give their completed forms back to you in a sealed envelope so you can include them in your application packet.**

**The complete packet must be postmarked no later than February 28, or, if hand delivered, received by The Episcopal Church of the Holy Cross no later than March 1 by 12 Noon.**

**PHOTO RELEASE**

I hereby give my permission for Holy Cross Episcopal Church to use this student photo in church publication also in local news media. I understand that I will not be compensated in any way for the use of this photo.

Please attach wallet-size head shot photo here:



and

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Signature



**The Episcopal Church of the Holy Cross  
Memorial Scholarship Application  
Reference Form**

All forms must be postmarked no later than February 28, or, if hand delivered, received no later than March 1 at 12 Noon

**Please place this recommendation in a sealed envelope, sign across the seal and return it to the student. The student is responsible for delivering the recommendation before the deadlines noted above along with his/her application packet. Thank you.**

Name of Applicant: \_\_\_\_\_

Your Name \_\_\_\_\_ Occupation \_\_\_\_\_

How long, and in what capacity have you known this student?

\_\_\_\_\_  
\_\_\_\_\_

How would you rate this student as a candidate for the Holy Cross Scholarship?

\_\_\_\_ Below Average    \_\_\_\_ Average    \_\_\_\_ Good    \_\_\_\_ Excellent

Please describe this applicant in terms of integrity and moral character. Also address the student's involvement in church and community.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Please place this recommendation in a sealed envelope, sign across the seal and return it to the student. The student is responsible for delivering this recommendation along with his/her application.**



## Holy Cross Memorial Scholarship Payment Submission Form

Student's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

Amount of Scholarship Award \_\_\_\_\_

Institution Name \_\_\_\_\_

Most institutions have a specific department and mailing address where award payments are to be sent. Please check with your institution to make sure you have the correct information so that your award payment will not be delayed.

Department for Award Payments \_\_\_\_\_

Mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In which semester will you begin ? \_\_\_\_\_

What date do classes begin? \_\_\_\_\_

Comments?

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**Please return this completed form to:**

**Holy Cross Episcopal Church**

**PO Box 279**

**Tryon NC 28782 , Attention Finance Office**

**Your payment will not be made to your school until we have this form.**

Reviewed January 2017

The Episcopal Church of the Holy Cross PO Box 279 Tryon NC 28782 828 859-9741