



The Episcopal Church of the  
**Holy Cross**

**Re-Application Form**

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

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

E-mail Address \_\_\_\_\_

Name of School \_\_\_\_\_

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

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

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

How many credit hours did you carry this past semester \_\_\_\_\_ or quarter \_\_\_\_\_?

Please state your career goals \_\_\_\_\_

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

**Please ATTACH the following:**

1. a separate sheet of paper describing to the Scholarship Committee **your involvement in church and/or community service during the past year,**
2. a letter of **recommendation from someone directly familiar with your church and/or community service over the current year.**
3. a copy of your **transcript** for your **most recently completed** semester,

Were you employed during the academic year? \_\_\_\_\_ If so, **where** and for **how many hours per week?** \_\_\_\_\_

\_\_\_\_\_

Is there any financial need information you wish to share with the Scholarship Committee?

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

\_\_\_\_\_

Please return this completed form and the attachments postmarked no later than February 28 if mailed,  
or, if hand delivered, no later than March 1 at 12 noon to:

Holy Cross Episcopal Church  
P. O. Box 279  
Tryon, NC 28782,