

Scholarship Application

				Applican	t Informatio	n			
Clergy Name:								Date:	
	Last			First			М.І.		
Address:									
	Street Ac	ldress						Apartment	/Unit #
	City						State	ZIP Code	
Phone:					Email				
i nono:									
Child's Full Name:		Loot		First			M.I.		
Child's Date of birth:			FIISL			<i>M</i> .1.			
Date of birth									
School apply	ing to:								
School tuition:		\$							
Financial aid from institution:		\$							
Clergy contribution*:		\$							
Clergy request from Diocese:		\$							
Any other contribution assistance (e.g. Family, employer, etc.):		¢							
(c.g. r army	, employ	ci, cio. <i>j</i> .	\$						
Have you completed the financial a			id process at th	ne respective s	school?	YES	NO □		
Have you provided the letter from the			ne school stating the scholarship amount?			YES	NO □		
*This amount	t must be	at least 10%	of the school t	uition.					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Supplemental Release Form

As part of the financial aid process, I agree that the financial documents provided to the Episcopal Schools listed above may be shared with the Episcopal Diocese of Oklahoma, for the sole purpose of determining the scholarship amount which is to be awarded by the Episcopal Diocese of Oklahoma.

Signature:

Date: