



The Shepard Fund of Trinity Episcopal Church Scholarship Program

Type or print all information except signatures. Completeness and neatness ensure your application will be reviewed properly. **Application postmark deadline must be by June 1.**

Applicant Information

Last Name _____ First _____ Initial _____

Home Address _____

City _____ State _____ Zip _____

Telephone () _ _ _ / _ _ _ e-mail _____

Parent or Guardian Information

Last Name _____ First _____ Initial _____

Home Address _____

City _____ State _____ Zip _____

The applicant is a dependent () Yes () No Relation to Applicant _____

Telephone () _ _ _ / _ _ _ e-mail _____

High School Information

School Name _____ Graduation Date (mm/yy) _ _ / _ _

City _____ State _____ Phone (_ _ _) _ _ _ / _ _ _

Post Secondary School Information

Name of post-secondary school you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Use the official school name only. Please do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

() 4 year College or University () 2 year Community or Junior College

() Vocational/technical school () other, explain _____

Year in school next year 1 2 3 4 5 or () Graduate Study

Major or course of study _____

Expected college graduation date: Month _____ Year _____

Degree sought () Masters () Bachelor () Associate () Certificate () Other _____

Certification Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. It is recommended you keep a copy for your files.

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my US income tax return. Falsification of information may result in termination of any award granted.

Applicant's signature _____ Date _____