

***Tod D. Pritchard Memorial Scholarship***

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

Personal Data

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
Street City State

Number of dependent children in family \_\_\_\_\_ Number attending college \_\_\_\_\_

Accumulative G.P.A. (9-12) \_\_\_\_\_

What college or university do you plan to attend?

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Why have you selected this particular college or university? \_\_\_\_\_

---

---

---

---

---

---

---

---

What is going to be your major? \_\_\_\_\_

Why have you chosen this particular field of study? \_\_\_\_\_

---

---

---

---

---

---

---

---

If you are now in college what is your major? \_\_\_\_\_ G.P.A. \_\_\_\_\_

(Please attach your resume' or other reference material)

ESTIMATED INCOME AND RESOURCES COVERING COLLEGE FIRST YEAR

<u>COSTS</u>		<u>RESOURCES</u>	
Tuition & required fees	_____	Personal Savings	_____
Books, Instructional Equipment & materials	_____	Earnings during vacation	_____
Clothing, laundry etc.	_____	Part-time earnings During academic year	_____
Room & board	_____	Aid from parents/guardian	_____
Lunches & travel expense	_____	Scholarship & loans applicable to this budget	_____
Personal/recreation/ Medical expenses	_____	Other resources	_____
Other costs (itemize)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

TOTAL COSTS \_\_\_\_\_

SUBTRACT TOTAL RESOURCES \_\_\_\_\_

TOTAL AMOUNT OF FINANCIAL  
ASSISTANCE NEEDED \_\_\_\_\_

If you own or are purchasing a car give make \_\_\_\_\_ Year \_\_\_\_\_

If working, full or part-time, where \_\_\_\_\_

Approximate hours per week \_\_\_\_\_

Explain briefly your plans for summer employment \_\_\_\_\_

\_\_\_\_\_

---

---

---

List the activities and special awards you have earned at High School or College \_\_\_\_\_

---

---

---

---

---

List your out of school activities and awards \_\_\_\_\_

---

---

---

---

---

State any special family circumstances we should know about \_\_\_\_\_

Completed application should be returned to:  
St. Hugh Episcopal Church  
P.O. Box 156  
Allyn, WA 98524-0156

Questions: Phone: 360-275-8450  
Email: [sthugh@qwest.net](mailto:sthugh@qwest.net)