

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)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	TOTAL	_____

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@qwestoffice.net