

Diocese of Ohio
Episcopal Church Women
Carlotta East Scholarship Fund – Application Form – updated 2016

(please print)

Name _____ Age _____

Street _____ Phone _____

City _____ Zip Code _____

Parish _____ Parish City _____

Amount of Request _____ Date When Needed _____

_____ G.P.A. _____

College, University, Community or Technical College,
or accredited training institution in which currently enrolled

References:

Rector _____ Phone _____

Names and addresses of two additional persons who are familiar with your need and qualifications. The references must be sent directly to the name and address listed below.

1. _____

2. _____

Please attach a brief biography, a summary of your post secondary education and a statement of your goals and plans for future education.

Signature _____

Date _____

E-mail address _____

Applications and references should be sent to:

Susan Little
5151 East Blvd NW
Canton, OH 44718
susanlittle@neo.rr.com
330-494-0529