



Scholarship Application Process

1. Student completes the form including their contribution towards the cost of their event. After it is completed, submit the form should be submitted to the student's parish for scholarship monies.
2. If a congregation cannot provide scholarships, or has an insufficient scholarship amount, the congregation may apply for student's scholarship through the EDSD Youth Collaborative Scholarship Committee:
 - A. Congregation must determine that student qualifies for financial assistance based on financial need.
 - B. Rector/Vicar and youth leader or vestry member must sign EDSD Youth Collaborative Scholarship Application form and submit to Charlette Preslar at least 30 days in advance of registration/deposit deadline.

Youth Collaborative Scholarship Application

1. Please have your youth complete the EDSD Youth Collaborative Scholarship Application and complete their portion of the scholarship form.
2. When you receive their form, please indicate proportion of need being met by the individual, by your congregation, and requested of EDSD Youth Collaborative Scholarship Fund.
3. Please include the four necessary signatures and contact details on the application form: Rector/Vicar, youth leader *or* vestry member, student, student's parent(s).

Scholarship Application Form

Name _____ Date _____

Congregation _____

Scholarship-requested Event _____

For student to complete:

1. How are you involved in your congregation?
2. How would this event benefit you?
3. What past events have you attended with the Youth Collaborative?
4. Is there anything else you would like the scholarship committee to know?

Student signature _____ Parent signature _____

For congregation leadership to complete:

1. Please indicate proportion of need being met by the individual, by your parish, and requested of EDSD Youth Collaborative Scholarship Committee. *All fields must be completed.*

| Cost of Event | Contribution from Youth | Contribution from Congregation | Requested from EDSD Youth Collaborative Scholarship Fund |
|---------------|-------------------------|--------------------------------|--|
| | | | |

2. Is there anything else you would like the Scholarship Committee to know.

Rector/Vicar _____ Youth Leader/Vestry member _____

Email/Phone _____ Email/Phone _____

*When this application is completed, please scan and email it to Charlette Preslar, cpreslar@edsd.org. Applications must be completed and submitted 30 days prior to requested event.