



## Scholarship Application: 2025

**Holy Family Episcopal Church is offering two types of scholarships for year 2025: Members and Non-Members. The scholarships will be awarded in accordance with available funding to students who fit the criteria below:**

### What is required to obtain this scholarship?

#### **To be eligible a candidate must:**

- This form must be completed and in our Church office by **May 31, 2025**.
- Be accepted by, or already a degree-seeking student in an accredited college, or technical school.
- Performed Community Service or Volunteer Work (in the Church or in the Community) – must be validated.
- Submit a one-page, double-spaced, professionally-written essay of how God guides and strengthens you. (If selected, your essay will be posted in the Church office.)
- Submit an appropriate head-shot graduation / professional school picture that will be posted with your essay, if selected.
- Age: 16 to 25 Years Old.
- All students are welcome to apply (a member of Holy Family Episcopal Church, or a non-member).

#### Please Submit:

- Your completed application form by, **May 31, 2025**.  
**(Incomplete forms will be disqualified.)**
- A letter of acceptance to a college or a school. If you are already pursuing a college major, please send a copy of your transcript.
- Proof of your community service that can be verified.
- Your essay, and head-shot graduation or professional school picture.

#### **Please do not send originals – only copies to:**

Holy Family Episcopal Church  
Scholarship Committee  
1010 Hiawassee Road  
Orlando, FL 32818

For Questions: **Call or Email (see information below)**

# HOLY FAMILY EPISCOPAL CHURCH

1010 N. Hiawassee Road, Orlando, FL 32818



## Scholarship Application: 2025

**First and Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**College/School Name:** \_\_\_\_\_

**City / State / Zip Code:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Church:** \_\_\_\_\_ **Address:** \_\_\_\_\_

(If you are a high school student, state the college that offered you acceptance)

**High-School Now Attending (if applicable):** \_\_\_\_\_

**College Offer/ Acceptance** \_\_\_\_\_

In the space below describe your community service experiences (within the last two years) and what did you learn from it. Have a supervisory person associated with the community service that you volunteered for, sign below your description to verify your service.

For Questions: **Call or Email (see information below)**

# HOLY FAMILY EPISCOPAL CHURCH

1010 N. Hiawasse Road, Orlando, FL 32818



**Paste Your Description of Your Community Service in the Space Below:**

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Print Name & Position

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Signature of Supervisor

Supervisor's Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please sign below to certify that the information you submit is accurate and true.

Your Signature: \_\_\_\_\_

For Questions: **Call or Email (see information below)**