

# EPISCOPAL Scholars Program

## Nomination Form

*The Episcopal Scholars Program recognizes prospective 9<sup>th</sup> grade students who are among the best and brightest-who show exceptional promise-and rewards them with full or partial Episcopal tuition, based solely on merit.*

Name of Candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Lives with:  Both Parents  Father  Mother  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Current School Counselor/Principal/Head: \_\_\_\_\_ Phone: \_\_\_\_\_

*Why do you feel this candidate should be considered for the Episcopal Scholars Program?*

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Academic Record: \_\_\_\_\_

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Leadership: \_\_\_\_\_

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Character: \_\_\_\_\_

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Name of Person Making Nomination: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

*Would you like to receive additional information about Episcopal? Yes  No*