

**THE ALVIN J. AND MARGARET J. VAN DER BOGART  
MEMORIAL SCHOLARSHIP APPLICATION**



St. Peter's Episcopal Church  
115 St. Peter's Street  
Salisbury, Maryland 21801

## THE ALVIN J. AND MARGARET J. VAN DER BOGART MEMORIAL SCHOLARSHIP

The Alvin J. and Margaret J. Van der Bogart Memorial Scholarship in the amount of approximately \$22,000 will be awarded in the spring of each year to assist in or provide for the higher education of a young man or woman resident of Wicomico County. In addition to the residence requirement, the applicant must have an unweighted Grade Point Average of 3.5 or more at the high school or the college in which the applicant is currently attending, and must have applied for admission to a college or university as a full-time student.

The recipient of the Alvin J. and Margaret J. Van der Bogart Memorial Scholarship shall be chosen on the basis of merit from among all of the applicants, and not need. If the qualified applicants are relatively equal in their merits, preference will be given to a member of St. Peter's Episcopal Church. Applications are to be submitted to the Rector of St. Peter's Episcopal Church, Salisbury, Maryland. The Rector, with the assistance of an advisory committee, will select as the recipient of the Memorial Scholarship that young person who, among the applicants, has best shown academic capabilities for higher education and who best embodies the principles of Christian ideals and living.

The Van der Bogart Scholarship shall be awarded for one year at a time, but may be awarded to the same individual for as many as four consecutive years.

### APPLICATION INSTRUCTIONS

1. Complete and return the application form, including the two essays.
2. Submit transcripts from school you are currently attending
3. Submit three letters of recommendation

The deadline for submission of the completed application, transcripts and letters of recommendation is **March 16, 2018 by 4:30 p.m.** The application must be received by this deadline, sent to:

The Alvin J. and Margaret J. Van der Bogart Memorial Scholarship  
c/o The Rector  
St. Peter's Episcopal Church  
115 St. Peter's Street  
Salisbury, MD 21801

**THE ALVIN J. AND MARGARET J. VAN DER BOGART  
MEMORIAL SCHOLARSHIP**

**Personal Data** (Please Print)

**Student's Name:** \_\_\_\_\_  
Last First Middle Social Security No.

**Permanent Mailing Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status:  Single  Married  Male  Female

**Father's Name:** \_\_\_\_\_  
Last First Middle

**Permanent Mailing Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Last First Middle

**Permanent Mailing Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Name and address of high school or college presently being attended:**

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**Transcripts**

*Note: Arrange to have official transcripts of high school and/or college work sent to the Rector of St. Peter's Episcopal Church. If the applicant is a high school senior, the high school transcript showing all four years work should be sent. If the applicant is an undergraduate at a college or university, the complete high school record and the college transcripts showing the work completed to date should be sent. If the applicant is completing a baccalaureate program and is pursuing graduate study next year, only the complete college transcript should be sent. The transcript should clearly indicate that the applicant's unweighted G.P.A. is 3.5 or higher to qualify for consideration.*

**List below the names of colleges to which you have applied, program in which you are interested, and the dates of acceptance (if known). If you have a preferred college, indicate that with a check (✓):**

✓ College/University	Program of Interest	Acceptance Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Examination Scores:**

*If the applicant is intending to pursue an undergraduate degree, Scholastic Aptitude Test scores (or other standard scores) should be indicated as well as the name and address of the person to contact for verification of these scores. If the applicant is applying for graduate school, the Graduate Record Examination scores (or similar examination results) should be indicated here, with the accompanying name and address of an individual who could provide verification of these scores. Alternately the applicant may attach a copy of the actual examination report. Check here  if report is attached to the application.*

Test	Score	Verified by: Name/Phone
_____	_____	_____

**List extracurricular activities and/or volunteer activities and the positions you have held in these activities (attach an additional sheet if necessary):**

Activity	Position Held	Beginning Date	Ending Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List the name and address of any employers and describe your duties as an employee for any position you have held during the last three years:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_ Phone no,: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_ Phone no,: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Duties: \_\_\_\_\_ Phone no,: \_\_\_\_\_

**Three letters of reference must be attached to this application. The letters are to comment on your proven academic capabilities for higher education and/or your commitment to the principles of Christian ideals. List here the names, addresses and positions of the authors of these three letters of reference:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Position/Relationship to you: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Position/Relationship to you: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Position/Relationship to you: \_\_\_\_\_

I authorize the Rector of St. Peter's Episcopal Church in Salisbury, Maryland and such others as he may authorize to advise him on the selection of the Alvin J. and Margaret J. Van der Bogart Memorial Scholarship to discuss my application with the references listed above and to verify the accuracy of the information I have submitted. The Rector (or his designee) is authorized to contact named individuals directly to request written confirmation of the information included in this application.

I further certify that I am a qualified applicant for the Alvin J. and Margaret J. Van der Bogart Memorial Scholarship in that (1) I am a resident of Wicomico County, (2) I have a current unweighted cumulative GPA of 3.5 or greater at the school I am currently attending, (3) I have applied to at least one institution of higher learning which I intend to attend next year as a full-time student ,and (4) all information contained in this application is true and complete to the best of my knowledge.

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Signature

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Date

ALL INFORMATION REQUESTED ON THIS APPLICATION WILL BE HELD  
CONFIDENTIALLY BY THE RECTOR AND BY THE ADVISORY COMMITTEE.

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MEMORIAL SCHOLARSHIP**

*Write an essay (500 words or less) on the topic listed below, and submit in the space provided. Note: both brief essays must be submitted in order for the application to be considered.*

**HOW DO YOU EXPECT YOUR COLLEGE EDUCATION TO CHALLENGE YOU  
AND/OR CHANGE YOU?**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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*Write an essay (500 words or less) on the topic listed below, and submit in the space provided. Note: both brief essays must be submitted in order for the application to be considered.*

**DEFINE WHAT “CHRISTIAN CHARACTER” MEANS TO YOU.  
SPECIFICALLY, HOW WILL YOUR CHRISTIAN CHARACTER INFLUENCE  
YOUR EDUCATION AND YOUR DECISION MAKING?**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_