



St. Peter's Church

115 ST. PETER'S STREET
SALISBURY, MARYLAND 21801-4901
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ST. PETER'S CHURCH - FOUNDED 1768
THE REVEREND DAVID MICHAUD

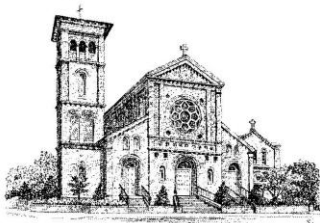
Dear Applicant,

Thank you for your interest in the John Patrick Reeves Memorial Scholarship. This year's scholarship award is \$4,000. The scholarship is available to a parishioner in need who attends St. Peter's Church, and has been accepted as a full time undergraduate student in a four year college, or a two year college with matriculation to a four year college, or as a full time graduate student. To apply, please fill out the application completely, and include your essay and other documentation listed on the check list. Only completed applications from qualified candidates will be considered. Applications must be delivered to the Parish Office or postmarked by May 19, 2017.

Should you have any questions, please contact the Parish Office at 410-742-5118.

Yours in Christ,

The Rev. David Michaud
Rector



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JOHN PATRICK REEVES SCHOLARSHIP GUIDELINES

- A. Choice of School: Accredited four-year college or university, or accredited two-year institution with matriculation to an accredited four-year college or university or graduate program at a college or university.
- B. Who May Apply: Members of Saint Peter's Church who have selected their college and have been accepted for admission as a *full-time* student.
- C. Qualifications: Demonstrated financial need and commitment to academic program.
- D. Nature of Award: Awards are made for one academic year.
- E. How to Apply: Applications are available at St. Peter's Episcopal Church or by calling the office of the Community Foundation of the Eastern Shore (410) 742-9911. Completed applications must be postmarked no later than May 19 of the current school year to be eligible for fall semester assistance. An application is complete, and considered for a scholarship award, only when the following have been submitted:
 - 1. A completed scholarship application.
 - 2. A one-page essay titled, "Why I am committed to my course of study."
 - 3. Official transcript of most recent institution.
 - 4. Letter of acceptance from college or university.
 - 5. A signed paper giving the Committee permission to obtain financial aid information in regard to grants, loans, and scholarships (attached).
 - 6. A copy of parent/guardian's or, if adult, the student's most recent income tax return.
 - 7. Two letters of recommendation from non-family members (*e.g.*, teacher, guidance counselor, employer, athletic coach, etc.)
 - 8. Applicant's checklist to be included in application - provided in packet.

- F. Notification: June
- G. Remarks: If you are awarded a scholarship, you will be asked to sign an Acceptance Letter indicating you will abide by the following conditions:
1. Submit an official college transcript at the end of the academic year for which the scholarship was available.
 2. Notify the Community Foundation of any changes in plans, such as: interruption of attendance, transfer to another college or university, discontinuance of academic program, or the receipt of other scholarship or financial assistance.

Policies:

- A. Students must demonstrate both financial need and merit to be eligible for assistance. Among those students with comparable financial needs, merit factors including community involvement, academic achievement, and extracurricular activities will be considered.
- B. The “Last Dollar” award concept is the best way to maximize scholarship resources, meeting students’ remaining need after all other resources (family, federal, state and institutional) have been exhausted.
- C. Scholarship awards are exclusively applicable to tuition, fees and book expenses, and are paid directly to the school financial aid office for deposit to the student’s account.

JOHN PATRICK REEVES SCHOLARSHIP APPLICATION

Student Name: _____
Last First M.I.

Permanent Address: _____
Street
City State Zip Code

Telephone #: _() _____ Cell # _() _____

Email: _____

Social Security #: _____

How long have you been member of St. Peter's Church? _____

School of most recent degree: _____ Graduation date: _____
Month/Year

Address: _____ Telephone #: _____

University for which aid is requested: _____

Address: _____ Telephone #: _____

Entrance Date: _____ Degree pursued: _____

Extracurricular Activities: (attach additional sheet if necessary). List all school activities in which you have participated (clubs, student government, sports, volunteer projects, etc).

Activity	# of years participated	Special Honors/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Activities: List all community activities in which you have participated.

Activity	# of years participated	Special Honors/Offices Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience: List any paid work experience you have had.

Employer	Position	Date from & to (mo/yr)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____

Address: _____

Name of College/University Attending: _____

Social Security # _____

I hereby authorize the above college/university I will attend to release information on financial aid awarded to me by them and/or from any other source to the Community Foundation of the Eastern Shore, Inc.

Signature

Date