## THE EPISCOPAL DIOCESE OF BETHLEHEM GRESSLE SCHOLARSHIP FUND APPLICATION

Student's Name:			
Address:			
Telephone: ( )		Email:	
Parish:			
			Year of Graduation:
College Costs:	Tuition	\$	
	Room	\$	<u>—</u>
	Board	\$	
	Total	\$	<u> </u>
Please list other fina	ancial aid antici	oated:	
	•		
Clergy's Name:			
Spouse's Name:			
Spouse's Employer:			
Gross Annual Incon	ne (before taxes	and deductions):	
	Clergy:	\$	<u> </u>
	Spouse:	\$	<u> </u>
Other (list sources):		\$	
Total Annual Family Income:			
Type of Housing (P	lease check one	) Cash Housing	

<b>Dependents:</b>				
Names of other dependent children: _				
Other dependents:				
Number of other dependents in colleg	ge:			
Name of College(s):				
For other Dependents in College:	<b>Total Cost</b>	I	Financial Aid	
\$		\$		
\$		\$		
Assets:				
Equity in Home:	\$			
Equity in Other Real Estate:	\$			
Amount in Checking Account:	\$			
Amount in Savings Account:	\$			
<b>Special Circumstances</b> :				
Special costs for exceptional children	: \$			
Support for other family members:	\$			
Special medical expenses:	\$			
Other:	\$			
Clergy:		Spouse:(Signature)		
			(Signature)	
Dated:				
Send completed form by June 1 to:	Paula Lap Diocesan			

333 Wyandotte Street Bethlehem, PA 18015