



CHRIST THE KING EPISCOPAL CHURCH SCHOLARSHIP APPLICATION

Please type or print in black ink. Please attach additional pages if necessary

Name _____
Last First Middle

Date of Birth _____

Address: (Permanent) _____
Street City/State Zip

(Local) _____
Street City/State Zip

Local Telephone _____

Permanent Telephone _____

School _____ Date of Graduation _____

G. P. A. _____

Mother/Guardian _____

Address _____ Telephone No. _____

Father/Guardian _____

Address _____ Telephone No. _____

Church, Community and Service Activities:

Extracurricular Activities:

Special Honors, Awards, Recognition, etc.:

Signature _____

Date _____