

**Diocese of South Dakota  
Episcopal Church Women  
Scholarship Application**

**Deadline: July 31st**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**E-mail:** \_\_\_\_\_

College, University or Technical School (**with address**) that you plan to attend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed plan of study or major \_\_\_\_\_

Church Membership (Name and address of parish or mission) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Church Activities** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_