

Grace Episcopal Church
Endowment Trust

**Scholarship Application
For School Year
2026-2027**

Name _____

**PLEASE REQUEST YOUR HIGH SCHOOL OR COLLEGE TO SUBMIT AN
OFFICIAL TRANSCRIPT TO:**

**GRACE EPISCOPAL CHURCH ENDOWMENT TRUSTEES
419 S. MAIN STREET
LEXINGTON, NC 27292-3234**

THIS MUST BE RECEIVED BY THE END-OF-DAY MARCH 2, 2026.

Applications accepted for students enrolled or enrolling in
an accredited program at an accredited institution –
as a full-time student (12 credit hours of classes per semester) or
(6 credit hours per semester with a 30-hour work week schedule).

please complete this form in your own handwriting

*NAME	Last	First	Middle
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***HOME ADDRESS**_____

***TELEPHONE NUMBER(S)**_____

***EMAIL ADDRESS** _____

Student Parent

***SCHOOL PRESENTLY ATTENDING:**

College_____ **YEAR or**

High School_____ **YEAR**_____

If not already attending college, applications have been submitted to:

1. _____ 2. _____ 3. _____

GRACE CHURCH AFFILIATION, IF ANY _____

*If no affiliation to Grace Church, how did you hear about this scholarship?_____

*If not a member of Grace Church, what is your religious faith/affiliation? _____

Feel free to use additional paper if the spaces provided are inadequate

*I. FINANCIAL AID

Scholarships: _____

Grants: _____

Loans: _____

Total Financial Aid Received: \$_____

*A) Will you be doing any kind of work-study during the school year? Yes _____ No _____

*B) Will you be working part-time during the school year? Yes No

*C) Number of siblings and ages: _____

If siblings attend college – where, what classification? (ex: Fresh, Soph, Jr., Sr.)

*D) Estimated student expenses for the school year 2026-2027

1.	Tuition	\$
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2. Room and Board \$

3. Books \$

Total \$

*E) Amount of Scholarship Funds you are requesting: \$

***ALL QUESTIONS WITH ASTERISKS (*) MUST BE COMPLETED, OR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED FOR CONSIDERATION.**

II. ACADEMIC ACHIEVEMENT


Please request your High School or College to submit an official transcript to Grace Episcopal Church Endowment Trustees. This must be received by the end-of-day March 2, 2026.



Academic honors received including Honoraries and Recognition Societies
(Explain those which are local or not well known)

III. COMMUNITY/CAMPUS SERVICE, LEADERSHIP

(List as many activities as possible, but make a distinction between major long-term leadership roles and temporary/special event activities; explain or identify)

**IV. WHAT ARE YOUR SHORT-TERM AND LONG-TERM GOALS?
HOW DO YOU PLAN TO ACHIEVE THESE GOALS?**

V. OBSTACLES

What difficulties are you confronting in financing your education, and what have you done to adjust to these concerns?

VI. ACADEMIC LETTER OF RECOMMENDATION

With your completed application, please provide at least one letter of recommendation, in a sealed envelope, from a teacher, instructor, or other school personnel who is not related to you.

→ **Letters of Recommendation must be provided for each year an application is submitted** and must be received by the application due date (March 2, 2026).

Signature of Applicant

**RETURN COMPLETED APPLICATION, TRANSCRIPTS, AND
LETTERS OF RECOMMENDATION BY MARCH 2, 2026, TO:**

Grace Episcopal Church Endowment Trustees
419 S. Main Street
Lexington, NC 27292-3234

**If this application, requested transcripts, and letter of recommendation
are not received by the end-of-day March 2, 2026,
your application will not be considered for approval.**

Notification of awards will be made by April 1, 2026.

Grace Episcopal Church

Endowment Trust

Scholarship Application Parent/Guardian Income Information Form For School Year 2026-2027

PLEASE SUBMIT THIS FORM TO:

**GRACE EPISCOPAL CHURCH ENDOWMENT TRUSTEES
419 S. MAIN STREET
LEXINGTON, NC 27292-3234**

THIS MUST BE RECEIVED BY THE END-OF-DAY MARCH 2, 2026.

Applicant's Name _____

I. FINANCIAL NEED:

Parent/Guardian Income Information

A) Income: Parents/Your **Adjusted Gross Income** from 2024 Tax Return
(or 2025 if available):
(Line 11 from IRS Form 1040, or Line 11 from IRS Form 1040-SR*) \$ _____

Non-Taxable Income (example: child support, Social Security benefits,
IRA Contributions, etc.) \$ _____

TOTAL INCOME \$ _____

Parents/Guardians, this form may be included with your child's scholarship application or may be returned separately by you. **Please be aware that it is also due by the cut-off date or the application will not be considered.**

Parent Name (Print) _____

Parent Signature _____

Parent Email Address _____

**Line numbers are subject to change yearly on tax forms. Please choose the line for Adjusted Gross Income.*