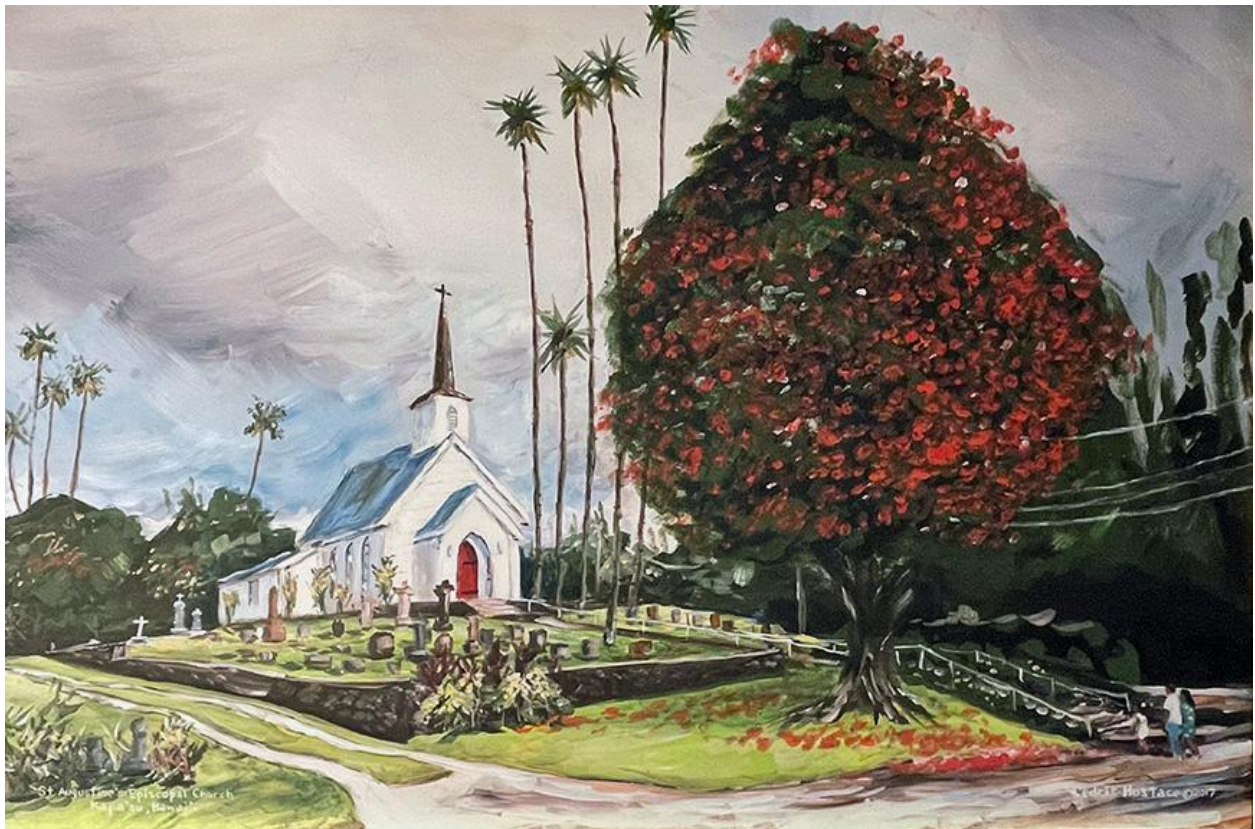


St. Augustine's Episcopal Church 2023-2024 College Support Fund Application



**St. Augustine's Episcopal Church
PO Box 220
Kapaau, HI 96755
808-889-5390
Email: admin@staugustineskohala.com
www.staugustineskohala.com**

2023-2024 Academic Year

Eligibility Requirements

- A. Applicant must be a baptized member of St. Augustine's with a history of being a member in good standing (i.e., attending at least three services per year) and active participation in youth activities.
- B. Funding is to be used for college related expenses beyond high school at a recognized undergraduate educational institution (a four-year bachelor's program or a two-year vocational school).
- C. Application must be signed by the applicant.
- D. Applicants attending St. Augustine's and/or participating in St. Augustine's activities during their K-12 school years are given greater consideration than non-participating applicants.
- E. Applicants must submit a current photo with their application.
- F. Applicants receiving financial support from St. Augustine's Church will be asked to make themselves available for a group photograph and share their college plans with the congregation.
- G. Applications are due on **May 31, 2023**. Recipients will be formally presented with their awards on Sunday, **June 25, 2023**. Applications can be returned to the church office at 54-3801 Akoni Pule Highway, Kapaau, HI 96755, mailed to P.O. Box 220 Kapaau, HI 96755 or emailed to admin@staugustineskohala.com.
- H. Submission of an application for college-related financial support does not guarantee funds will be provided by St. Augustine's for the 2023-2024 year. Applicants recently accepted to a university, community college, or vocational school must attach documentation that they are accepted into the institution.
- I. Repeat applicants attending a college, university, community college, or vocational school must provide their most recent transcript or proof of attendance for the previous quarter/semester. They must also provide a brief summary of their academic and co-curricular activities by May 1 prior to the academic year for which they are requesting funding.

Application

Name of applicant _____

Mailing address of applicant _____

Phone number of applicant _____ Email address _____

City _____ State _____ Zip Code _____

Do you or an immediate family member contribute regularly to St. Augustine's Church?
If that person is a family member, please provide their name.

Name of college or academic institution attended by applicant.

Reason for applying for financial support for college-related expenses.

What are your educational goal(s)? _____

Please describe your involvement with St. Augustine's Church? (Possible examples: sang in choir, regular attendance of church services, assisted with work days, volunteered at the Church Bazaar, served as acolyte, helped with Sunday School for kids, volunteered at the Thrift Store.)

Signature of Applicant _____

Date _____



ST. AUGUSTINE'S

Episcopal Church in Kapa'au, Hawai'i

*A place to **BE** the love of God and to **FEEL** the love of God.*