



**EPISCOPAL CHURCH WOMEN
WOMEN to WOMEN**

APPLICATION FOR EDUCATION FUNDS

NAME _____ AGE _____

STREET _____ PHONE _____

CITY/STATE _____ ZIP _____

PARISH (Include city & Diocese) _____

AMOUNT OF REQUEST _____ DATE WHEN NEEDED _____

College, University, Technical School in which currently enrolled G.P.A.

REFERENCES:

RECTOR/VICAR: _____ PHONE: _____

Names & addresses of two additional persons who are familiar with your need & qualifications.

1. _____

2. _____

Please attach a brief biography, a summary of your post high school education and a statement of your goals and plans for future education &/ or work.

Signature _____ Date _____

Application and references should be sent to: (Note: Persons writing the reference should send it directly to: Cordelia I. Burt

603 Philippine St.
Taft, CA 93268-3727