

Application for 2024 Hammack-Hayden Scholarship

Trinity Episcopal Church
P. O. Box 208
Lancaster, VA 22503

Applicant's name (first, middle initial, last): _____

Applicant's mailing address: _____

Applicant's email: _____ Phone: (____) _____

Parents' names: _____

Parents' Phone: (____) _____ Email: _____

Name of high school _____

Year graduated from high school: _____

Name of accredited college or institution where this scholarship will be used to obtain a degree, certificate, or industry certification:

Number of years/months planned in college or at accredited institution: _____

Applicant's major or course of study: _____

Degree, Certificate/Licensure, or Industry Certification Applicant is seeking: _____

Describe your career goal: _____

Describe your or your family's relationship to Trinity Episcopal Church: _____

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____