

Student Scholarship Request for a special program/event
The Adeline Ross Scholarship Fund of St. Thomas Episcopal Church
P.O. Box 735, 5 S. 1st St., Dubois, WY 82513 307-455-2313

Name: _____

Address: _____

Telephone: _____ e-mail: _____

Description of program you wish to attend, with dates:

How do you see attending this as important to you? What do you feel will be the benefits you will gain?

What is your best estimate of the costs involved?:

What amount would you like to apply for – with \$1,000 as maximum?

Please submit this form, along with one letter of reference from an adult who knows you from school or another organization. If you have any other information you would like to share please use another page. Thank you..

Signature: _____

Would you be willing to share a short report of some kind with us after the event so that we can learn about the worth of this program for the future?

Yes _____ No _____