



Episcopal Diocese of Pittsburgh



Episcopal Church Women

2015 Memorial Membership Fund Application

NAME _____ BIRTH DATE _____

PERMANENT ADDRESS _____

PHONE _____ EMAIL _____

PARISH NAME _____ RECTOR/CLERGY NAME _____

EDUCATIONAL INFORMATION:

HIGH SCHOOL _____

COLLEGE _____ ATTENDING ____ GRADUATED ____

GRADUATE SCHOOL _____ ATTENDING ____ GRADUATED ____

PRESENT SCHOOL/PROGRAM, IF NOT ONE OF THE ABOVE: _____

PROGRAM OF STUDY _____

ARE YOU CURRENTLY ENROLLED? _____ EXPECTED DATE OF COMPLETION _____

SEMINARIANS: ARE YOU A POSTULANT? ____ DIOCESE OF _____

DO YOU HAVE OTHER SCHOLARSHIPS AND/OR FINANCIAL AID? ____ AMOUNT _____

ANNUAL COST OF CURRENT PROGRAM _____

ACTIVITIES & INTERESTS ENGAGED IN DURING THE PAST TWO YEARS:

CHURCH _____

SCHOOL _____

COMMUNITY/OTHER _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE _____

FOR ADDITIONAL INFORMATION CONTACT NANCY KENNY AT 724.325.4769

PLEASE RETURN THIS FORM TO: NANCY KENNY, 4007 BENDEN CIRCLE, MURRYSVILLE, PA 15668

BEFORE April 1, 2015.