



# Episcopal Diocese of Pittsburgh



## Episcopal Church Women

### Spring 2018 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 Betty Duckstein at [ducksteine@yahoo.com](mailto:ducksteine@yahoo.com)**

**Please return this form to: Betty Duckstein, 834 Washington Ave. #312, Carnegie, PA 15106, by Wednesday, April 25, 2018.**