



Episcopal Diocese of Pittsburgh



Episcopal Church Women

Fall 2017 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 bette520@msn.com

**Please return this form to: Betty Duckstein, 834 Washington Ave. #312, Carnegie, PA 15106
BEFORE September 2, 2017.**