

THE EPISCOPAL DIOCESE OF BETHLEHEM  
2019 GRESSLE SCHOLARSHIP FUND APPLICATION

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_

Name and Place of College Attending: \_\_\_\_\_

\_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College Costs: Tuition \$ \_\_\_\_\_

Room \$ \_\_\_\_\_

Board \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Please list other financial aid anticipated: \_\_\_\_\_

\_\_\_\_\_

Clergy's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Gross Annual Income (before taxes and deductions):

Clergy: \$ \_\_\_\_\_

Spouse: \$ \_\_\_\_\_

Other (list sources): \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Total Annual Family Income: \$ \_\_\_\_\_

Type of Housing (Please check one) Cash Housing: \_\_\_\_\_ Rectory: \_\_\_\_\_

**Dependents:**

Names of other dependent children: \_\_\_\_\_

Other dependents: \_\_\_\_\_

Number of other dependents in college: \_\_\_\_\_

Name of College(s): \_\_\_\_\_

**For other Dependents in College:      Total Cost                      Financial Aid**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Assets:**

Equity in Home: \$ \_\_\_\_\_

Equity in Other Real Estate: \$ \_\_\_\_\_

Amount in Checking Account: \$ \_\_\_\_\_

Amount in Savings Account: \$ \_\_\_\_\_

**Special Circumstances:**

Special costs for exceptional children: \$ \_\_\_\_\_

Support for other family members: \$ \_\_\_\_\_

Special medical expenses: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Clergy: \_\_\_\_\_ Spouse: \_\_\_\_\_  
(Signature) (Signature)

Dated: \_\_\_\_\_

Send completed form by June 1, 2019 to:  
Paula Lapinski  
Diocesan House  
333 Wyandotte Street  
Bethlehem, PA 18015